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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA *

By M. EUGÉNIE HIBBARD

Late Superintending Sister American Hospital Ship Maine

(Continued)

DURBAN, NATAL, SOUTH AFRICA, *Sunday, February 18, 1900.*—
Leaving the town of Durban behind us, we drove along a particularly good road, banked on either side by flowering shrubs and foliage plants luxuriant in their growth and peculiar to tropical climates. There are many hedges here made of the prickly pear (cactus), which when in flower presents a most attractive line. This plant we were warned not to touch, as the fine points easily penetrate the skin and poison the flesh. The clear atmosphere and brilliant sunshine shows us the country looking at its best.

The houses, residences of wealthy people, not of Durban only, but of men engaged in mining and other pursuits in Natal and elsewhere, and now filled with refugees, have the distinct advantage of being detached and are built in spacious grounds. The terraced lawns and gardens are kept in the beautiful order peculiar to England and English homes, and convey the impression of beauty and comfort.

The irregular style in which the houses are built and the different sites suggest the idea that an extensive and unlimited view is what is particularly desired, and the balconies and verandas are large, cool-looking, and inviting.

Since leaving the town we have made a gradual ascent, and are now on the highest point on this road, and we stop to look around.

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Behind us the land is hilly or rolling, and before us is the great, wide sea. At our feet lie Durban and Port Natal, the inner anchorage, and a little to the left the outer anchorage. The sky and sea to-day are of one color.

Naturally, we turn first to find the hospital ship *Maine*, and there she lies at anchor in the harbor, looking "like an idle ship upon a painted ocean," so motionless on the still water. The thought came to us that it was a very suitable resting-place for those who had so lately been exposed, on the fighting-line, to the inevitable conditions existing in actual warfare, which perhaps can be better realized in remembering Sherman's words, "For war is Hell." The same idea, though couched in different words, was expressed by one of the wounded soldiers, who, when relating to me his impression of the battle of Spion Kop, said: "I have been brought up to believe there can be no place worse than Hell. Now I *know* there can be no place worse than Spion Kop battle-field."

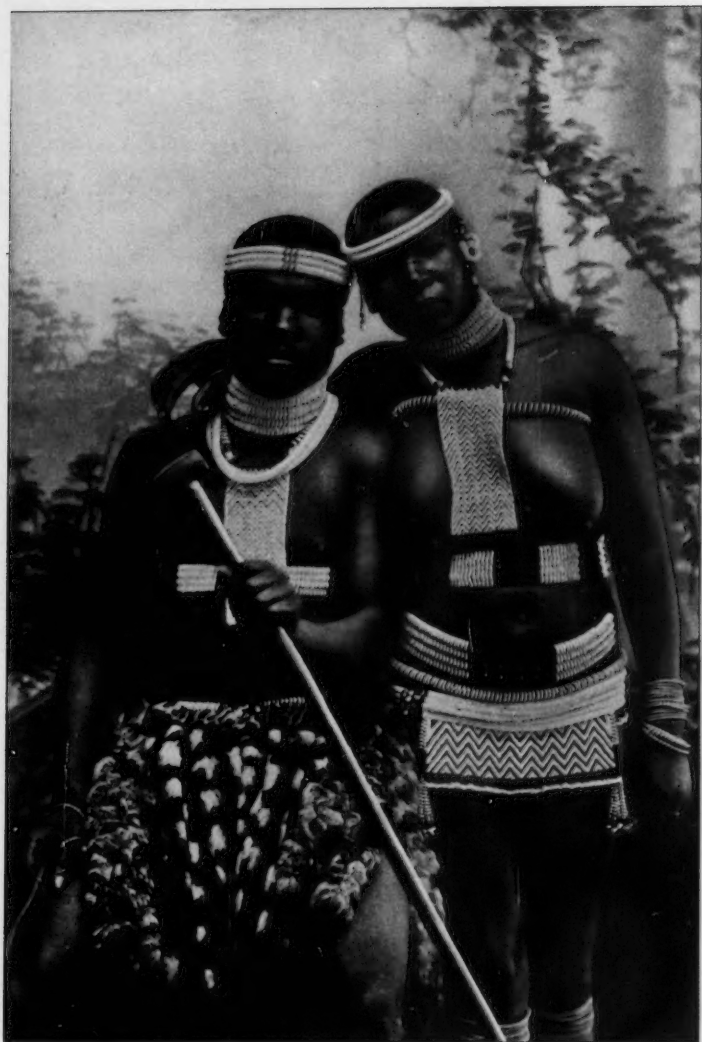
Satisfied that all was well on board the *Maine*, our comments ran on the different vessels lying at anchor, some within and some without the bar. Most of the larger vessels were the transports utilized to bring over the troops from India. H. M. S. *Terrible* still waits the return of the part of her crew who are absent with the forces seeking to relieve Ladysmith, the pivot on which all our thoughts turn.

We tried to read the flags (this being Sunday, the ships are dressed), which proved a difficult task, though we felt proud in remembering that several nautical terms had become familiar to us and were in daily use since being on the *Maine*.

The fact that a little knowledge is dangerous is emphasized by the following anecdote: A well-known and, I might add, popular writer, in describing a harbor scene at night somewhere in South America, wrote (the sense of which was): "The red and green side-lights of the ships at anchor in the bay, reflected in the water, enhanced the beauty of the scene." This is quite graphic, and makes a pretty picture, but as our narrator continued, "For future reference, should you ever be tempted to become a writer, allow me to inform you that ships at anchor do not carry red and green side-lights," immediately the picture which had been mentally depicted was ruthlessly destroyed, and our comments on ships were effectually silenced.

It must have been at this point on the Umgeni Road, overlooking the Bay, that Kruger, then President of the Transvaal, dreamed of building a residence, from the balcony of which he intended, seated in his arm-chair, with pipe in hand, to gaze upon his navy riding at anchor in the harbor. Castles built in Spain since the Spanish-American





ZULUS—BRIDE AND GROOM

War have not proved tenable, and this dream is never likely to be materialized. But who *dare* prophesy these days?

Daily we wait for news, and the little we hear is of a depressing nature. The descriptions given by the wounded soldiers of intrenched positions occupied by the Boers prove that they are a serious menace in the work of relieving Ladysmith, and the tactics employed by the Boer will eventually become a proverb among a people who have learned to respect a foe worthy of their most strenuous effort.

Continuing our drive, we soon came to the Umgeni River, looking to us, accustomed to rivers of size, like a creek, but which, in the pride of the Natalander's heart, is the ship-canal of the future in *Natal*. Here we saw, disporting themselves on the banks and in the water, whole families of Kaffirs, the mother engaged in the family washing, drying the articles as quickly as possible and putting them on regardless of spectators, while the younger members enjoyed themselves lying in the water, blinking their eyes in the sunlight. As we did not see a church, chapel, or temple within the radius of vision, we concluded that these Kaffirs were governed by Watts's assertion that "Cleanliness is next to Godliness," and we were content it should be so.

Umgeni Gardens lay a little farther on, and I must say that we were disappointed in them. The flowers and flowering shrubs are profuse, yet the effect produced by uncontrolled, untrained growth is not pleasing to our critical minds. The Botanical Garden in Durban is very fine and worth a visit.

We have met people of nearly all nationalities and many Kaffirs. Included in the former are Englishmen, Americans, Germans, Egyptians, Arabians, Cingalese, Hindoos, Persians, and Malays. The Kaffirs are composed principally of members of the tribes bordering on Natal, Zululand, Pondoland, Basutoland, and Griqualand, and, with coolies, form the laboring classes principally.

The Zulus, I am told, are a most moral tribe, the crime of immorality being punishable with death. To see the Zulu to his advantage, it should be in his own country. A story is told of an Englishwoman, who, being somewhat disconcerted by the absence of what she considered proper clothing, asked a Zulu woman the question, "Are you not cold, without more clothes?" The reply in the interrogative characteristic fashion was, "Is Englishwoman's face cold?" The answer, "No," immediately liberated the idea in the Zulu's mind, and she naïvely replied, "So me face all over."

The coolies are of Indian descent and are a valuable acquisition in the agricultural districts in Natal.

The Hindoos in dress are very striking, adhering, as they do, to

the Oriental style, wearing ornaments in hair, ears, nose, also anklets and armlets, and babies are to be seen decorated with toe-rings. The silk skirt and head-dress of the Hindoo woman is usually of a bright crimson, yellow, or green color, and particularly becoming to their dusky complexions. The artistic manner in which the dress, a single width of silk of sufficient length, is adjusted to serve as skirt, turban, and drape for the shoulders excites our envy, for the effect as a whole is graceful and picturesque.

A Kaffir and his wife attracted our attention. The former was dressed in very ugly black clothes, high hat, and walked in front under an umbrella with a great deal of dignity. He was followed by his wife, a tall, finely proportioned woman, who, with only a loose tunic of coarse canvas, falling from the shoulders to the knees, and carrying two large bundles on her head, looked at us with apparently as much interest as that with which we regarded them, but a feeling of pity pervaded our thoughts which must have been absent from hers. Yet this heavily burdened woman looked happy.

The Hindoo temple, frequented as a place of worship by the coolies, deserves passing notice only. The building, in the usual temple style, is ugly, though the grounds are spacious and well kept. The entrance is through a roofless square court, which contains several idols unlike any particular object. The doors of the temple proper are in this court. As no one is allowed to cross the threshold without first removing shoes and stockings, our curiosity was easily satisfied, and we contented ourselves with a superficial view.

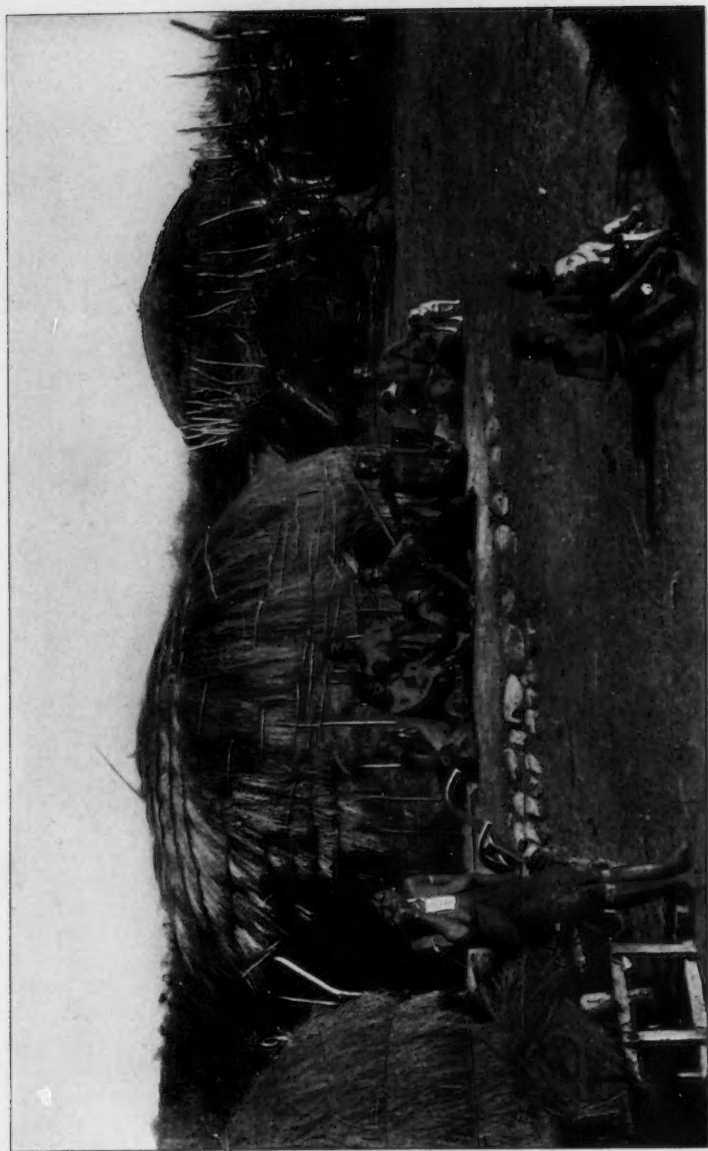
We dined at the Royal Hotel, Durban, and were favorably impressed, especially by the waiters, who are all Hindoos. They wear white linen trousers, no stockings or shoes, loose tunics of white linen also, which are confined at the waist with a sash or belt of gorgeous hue, with an immaculate white turban, most artistically adjusted. Speechless, or almost so, noiseless and rapid in their movements, salaaming and respectful, they appealed to me as ideal servants.

Returning to the *Maine*, our floating home, about eight P.M., we found all the patients had passed a restful day. Captain Percy Scott, of H. M. S. *Terrible*, was on board. He is also commandant of Natal (which is under martial law), and has kindly promised me a pass to visit Mooi River field hospital.

Monday, February 19.—Thirteen patients returned to the front this morning. Each received a small souvenir of the *Maine*. In spite of the fact that health had been restored and cheerfulness was conspicuous, those who fully realized the warfare that was being waged were somewhat depressed. No good news yet.



DINING-ROOM OF THE FAMOUS ROYAL HOTEL, DURBAN, NATAL



KAFFIR HUTS, NATAL SOUTH AFRICA

Tuesday, February 20.—Raining nearly all day. This afternoon I received a telegram from Sister Kitching, of the Army Nursing Reserve, who accompanied us from Cape Town and is now stationed at Mooi River field hospital, asking me to "come, and I will meet you." As the train leaving Durban at five-forty-five P.M. does not reach Mooi River Station until twelve-fifteen A.M. it was necessary someone should meet me. Making the most of this opportunity, I left Durban the same evening. I was joined in the railway carriage by a nurse dressed in khaki-colored uniform and wearing a red cross on her arm, who informed me that she was a Colonial, and I found little difficulty in entering into conversation with her. She became quite communicative. Having been driven from her home in Northern Natal early in November, she immediately offered her services to the British Government in the hope of being assigned duty on one of the transports returning to England. These appointments were not in the hands of the medical officers in South Africa, and she was now on her way to nurse an officer's family at Pietermaritzburg, the capital of Natal. The wife of an Orange Free State burgher soon made our party three, her destination being one station beyond Pietermaritzburg. At first she appeared reserved and reticent, but after joining us in a cup of tea, the sesame to the Englishwoman's heart, she gave me considerable information regarding the feeling in the Free State. She is now a refugee, her husband remaining in their home to protect the property. She is an Englishwoman, and had married in South Africa. Should her husband be obliged to take up arms, it will be not only against his wife's country, but strongly contrary to his own feelings. The great anxiety of this poor woman seemed to be to keep her children from any knowledge of the war, and she appeared morbidly sensitive as to her own position.

The country from Durban to Pietermaritzburg is said to be very fine. During my trip daylight lasted only until we reached Pine Town, and from the coast up it was one panorama of beautiful hills, valleys, fields, and wonderful tropical plants. The sun, breaking through the scurrying clouds, gave the golden tinge which contrasted wonderfully with the intense green of the grass and trees. The road is a continual ascent from the coast up, and Mooi River is five thousand feet above the sea. Along the line of road are many kraals, built and occupied by the natives (Kaffirs) employed on the road as navvies. These are not picturesque, but are curious specimens of homes indigenous to South Africa.

It was quite dark when we reached Maritzburg, and little of the town can be seen from the station, but a surprise was in store when, after travelling a short time, we rounded a curve and looked down upon a fairy town in a valley. The electric lights shone brilliantly in the

darkness, and it was hard to realize that a scene so beautiful and peaceful should be near to a great struggle between human beings, many victims of which formed at the present time the larger part of the population. Once more we caught another glimpse of the now fast receding town.

Arriving at Mooi River, I was made most welcome. With true English hospitality, Sister Cole, superintending sister of Hospital No. 4, in spite of her many and arduous duties, accompanied Sister Kitching, and I was thus escorted by a guard of honor to the Sisters' quarters, where I found a bed and a cup of hot chocolate waiting me. This is the first night spent on shore since December 21, 1899.

Wednesday, February 21.—General Hospital No. 4 is a collection of tents on a hillside, with a commandeered hotel for officers' quarters. The streets run in parallel rows, diverging not the fraction of an inch. This hospital has capacity for one thousand beds and is the second on the line of communication. The patients are brought here from the line or rear hospitals to make room for those directly from the field.

The arrangements, from a superficial and hasty view, seem almost perfect. The P. M. O. (principal medical officer), Colonel Cleary, showed and explained to me the system employed to secure pure water by filtration and heat. The water is then distributed through the camp in pipes. This precaution is considered necessary on account of the well-known prevalence of enteric fever among the troops here as elsewhere. A large reading-room and a dining-room are in course of construction, also an operating-theatre and X-rays room, all built of corrugated iron, wood being a scarce commodity. The order that prevails and entire absence of confusion is marked, appearing as if the stages of excitement had been passed through in consecutive order, and the strict, stern sense of duty now prevailed. Patients constantly coming from the front with continual departures for the base hospital at Pietermaritzburg constituted the daily changes. Here we see in war a calamity so awful in its results, holding human life and torture in its clutches, with the price of the bullet only, scattering and blasting hopes and breaking hearts. On the other hand, we see the magnificent height to which human nature aspires and here attains in the sacrifice of self for country, and often the proof "That greater love hath no man than this, that a man lay down his life for his friend." The cemetery on the hill just beyond the camp is simple in construction; small, as one can easily see, when first required, and now enlarged for the third time. It will, we hope, in days to come be properly recognized and honored. Bowing the head in reverence we pass on.

(To be continued.)

THE QUEEN'S RECEPTION OF AMERICAN NURSES AND DOCTORS

By M. EUGÉNIE HIBBARD *

WITH the sad event of Her Majesty's death fresh in my mind, and while the grief of a nation—and I might add nations—is still unassuaged, it is with much gratification and pleasure that I look back a little more than thirteen months, when, having received my appointment as superintending sister of the hospital ship *Maine* and shortly after our arrival in London, we were, by the kindness of H. R. H. Princess Christian, extended through Mrs. Dunlop Hopkins, invited to lunch at Windsor Castle.

December 4, 1899, is a day the memory of which can never die, and is now revived by the sad intelligence of the death of one whose queenly womanly character and unbounded sympathy outlived and grew beyond the conventional restraints of court life.

Leaving Paddington by train about one P.M., we soon arrived at Windsor Station, where we alighted and found the Queen's carriages waiting to take us to the Castle. We were a small party, consisting of Mrs. Dunlop Hopkins, five nurses, and five physicians. The usual number of townspeople, curious to know for whom Her Majesty's conveyances were intended, crowded around in a respectful manner and watched us start.

After a drive of a few minutes we caught a glimpse of the stately pile called Windsor Castle, lost sight of and found again, each time presenting a different view. The country is hilly and the road naturally circuitous.

At the Castle gates the sentinels paced, and we passed beyond into the quadrangle unchallenged, and were driven to the equerries' entrance; where we were received by Lord Edward Pelham-Clinton, and after removing our wraps and adjusting our caps were conducted through St. George's Hall and various rooms of state.

Under circumstances of unusual favor we were allowed to inspect the private apartments of the Queen, and later were shown the suite of rooms recently occupied by the German Emperor and Empress. . . . Luncheon being announced, we partook of it in what is known as the Octagon Room. The view from here is very fine, the large windows on three sides overlooking the river Thames, at one of its prettiest turns,

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and Eton Hall. The sun, bursting from its bonds of December clouds, added much to the scenery and to our spirits.

During luncheon it was intimated that Her Majesty would receive the nurses and doctors in her private sitting-room at three o'clock.

After receiving this information the luncheon played a minor part, and we soon arose, feeling satisfied we were sufficiently strengthened to partake of the crowning honor we had scarcely dared to hope for. . . .

At the time stated we were escorted by Lord Edward Pelham-Clinton to Her Majesty's private sitting-room, accompanied by Mrs. Dunlop Hopkins. The Queen entered supported by her faithful Indian attendants. Princess Henry of Battenberg and Princess Christian were also present, and in attendance was the Dowager Lady Southampton.

Mrs. Dunlop Hopkins was first received by the Queen, and Princess Henry of Battenberg intimated to her Her Majesty's wish that each nurse be named, which was done, each one coming forward and courtesying profoundly. Following my presentation were the four Sisters, Miss V. Ludekins, Miss J. Manly, Miss M. MacPherson, and Miss T. MacVeau. To each one Her Majesty bowed acknowledgments, and looking at us for a moment, smiled, then graciously said:

"I am very pleased to see you. It is very sweet of you to have come, and I want to say to you how much I appreciate your kindness in coming here to help take care of *my men*."

The doctors were then named to the Queen, who said a few words of thanks also to them, and we retired.

Her Majesty's expression and tone of voice betrayed the keen interest she took in the war and the sympathy it elicited from her personally.

I feel the greatest honor has been conferred upon us and our profession by this generous act of Her Majesty (the Queen of a most conservative court) in sending us out to South Africa with such kind words of appreciation, which will ever live in my heart. A twilight now reigns over the memory of my visit to Windsor Castle, colored like the rainbow hues that fall in Gothic cathedrals through variegated windows, and the atmosphere is filled with the odor of rosemary.

WE always like those who admire us; we do not always like those whom we admire.—LA ROCHEFOUCAULD.

A MAN'S mind is known by the company it keeps.—LOWELL.



MRS. DITA H. KINNEY



MRS. DITA H. KINNEY

PERHAPS the most conspicuous woman in the nursing profession to-day is Mrs. Dita H. Kinney, who is in charge of the Nurse Corps of the United States Army.

Mrs. Kinney is a native of New York State, and received her education at Mills College, California. She was married in 1874, but was left a widow four years later, with one son. She graduated from the Training-School of the Massachusetts General Hospital in 1892.

Mrs. Kinney's first work after graduating was in the lecture field. In several cities in New England she gave series of lectures on nursing subjects that were very successful. For three years Mrs. Kinney was employed by the Massachusetts Emergency Hygienic Association of Boston to carry on a peculiar line of work for them, which consisted in teaching the poor mothers residing in the tenement-houses the fundamental principles of hygiene and of the care of their children, lecturing to associations of young women connected with churches, Christian Associations, etc., also starting the work of training attendants for assistants to trained nurses. As this engagement only occupied her eight months in the year, Mrs. Kinney carried on the same line of work during the summer months in several other cities. In institutional work Mrs. Kinney has been connected with the Almshouse Hospital on Long Island, Boston Harbor; the City and County Hospital, St. Paul, Minnesota, and the French Hospital, San Francisco.

Mrs. Kinney has also done some private nursing. She entered the army at the outbreak of the Spanish-American War, and was stationed at the Presidio, but was released from this detail to assume charge of a convalescent home for soldiers which was established by the Red Cross ladies in the foot-hills back of Oakland, remaining until the home was no longer needed and was closed. She then returned to her old position at the French Hospital, where she remained for eight months, but, finding conditions impossible, she again resigned and reentered the army, where she served as operating-room nurse for one year at the Presidio.

When the Government Hospital at Nagasaki was projected, which was to have been an eighteen-hundred-bed affair, for the sick of the allied troops from China, having been recommended for promotion, she was given the appointment of chief nurse. The arrangements went so far that the medical supplies were on the dock, the commanding officer had left San Francisco, and a body of ten nurses had been sent from the East, when the scheme was abandoned. Then followed a short detail as chief nurse at Fort Bayard, New Mexico, from which place she was ordered to report to the Surgeon-General in Washington, where she was

offered the position made vacant by Dr. McGee's resignation, the charge of the Army Nurse Corps.

Mrs. Kinney is unquestionably a woman of culture and experience. Her professional training is of the best. She has occupied executive positions creditably, and she is familiar from hard experience with the existing conditions in the army. She would seem to be an ideal woman for this most difficult position, and she should receive the most cordial support of the women of her profession.

THE DUTIES OF AN OPERATING-ROOM NURSE

By MARTHA LUCE

Boston

THE duties of an operating-room nurse, especially if they include the care of the sterilizing-room, are very numerous. They require a knowledge of the principles of asepsis, careful attention to details, and much forethought in the preparation of supplies.

The care of the operating-room includes dusting with clean, damp cloths, polishing of glass, tables, and utensils, careful supervision of floor-scrubbing and metal-polishing, and the regulation of the temperature and ventilation of the room. In addition to the daily cleaning, it is desirable to use a solution of corrosive sublimate (1 to 3000) before an operation, especially before a laparotomy, and all basins to be used for sterile water or any of the antiseptic solutions should be thoroughly cleansed with the same strength of corrosive solution.

All bottles of solutions and jars of dressings must be kept filled, and there must be a supply of bandages (gauze and cotton rollers), pins, and sterile gauze and cotton. Sterile glass irrigating-tubes, catheters, and vaginal douche tubes are kept in ninety-five per cent. alcohol, also a few rubber drainage-tubes.

The surgeons' retiring-room must be kept in perfect order, and supplied with soap, nail-brushes, orange-wood sticks, and towels. Special nail-brushes are reserved for laparotomies. Each one is pinned up in a piece of compress, boiled twenty minutes, and kept in corrosive sublimate solution (1 to 3000).

In the sterilizing-room are usually kept supplies of sterile goods, rubber gloves, ligatures, needles, dressings, and salt-solution, and here the nurse makes most of her preparations. Gowns, sheets, towels, and sponges have to be folded in the regulation way and pinned securely in a double thickness of cotton cloth, each package being marked to specify

its contents and the date of sterilization. Gowns are folded so that the button-side of the yoke is on the outside, and only one is put in a package. Large sheets are placed two in a package and draw-sheets three in a package, both being folded compactly and uniformly. Small towels are put two in a package, and large ones only one. Gauze sponges of two or three sizes can be made by carefully folding cut gauze in such a way that all the edges are securely turned in and no sewing is necessary.

Wicks and strips of various widths may be made of gauze, the commonest width in general use being strips three or six inches wide. Six or eight may be placed in each package, according to the plan adopted. Sponges also are counted before being put in packages.

Pads made of gauze and absorbent cotton may be of any size desired, and may be put up singly or with a specified number in a package.

Gauze is also cut, rolled several layers thick, and placed in cylindrical tin boxes, to be sterilized by dry heat for aseptic dressings. Sheet-wadding folded in single sheets is also sterilized in the same way to cover the gauze dressings. All these goods are sterilized for two hours and a half, and if the "fractional process" is used, an hour on each of the two succeeding days.

A supply of sterile goods is reserved for emergencies as well as for regular cases.

In addition to the sterile goods, the nurse prepares iodoform gauze and various kinds of packing and tampons.

The instruments for all operations are selected by the surgeon or his assistant, and, with the exception of the knives, are wrapped in strong cotton cloth for sterilization. The knives are cleaned with soap and water, ether, and alcohol (ninety-five per cent.). They are wrapped in separate sterile towels and boiled three minutes, but the rest of the instruments are boiled one-half hour in water to which a small amount of bicarbonate of soda has been added.

Most surgeons have individual preferences in the choice of needles, ligatures, etc., and it is the duty of the operating-room nurse to acquaint herself with these preferences, and to carefully prepare what each requires for his use.

If silk ligatures are to be used, four sizes are selected, and a dozen ligatures (twenty-four inches long) of each size are fastened in a towel, each size being pinned in a separate strand.

Silkworm-gut (from twelve to eighteen ligatures) is enclosed in a clean test-tube, the open end being closed by an absorbent-cotton plug secured by a piece of gauze and a rubber band. Both silk and silkworm-gut are sometimes subjected to one hour's dry sterilizing before being boiled. They should be boiled one-half hour in clear water *without* soda.

Catgut (both plain and chromicized) and kangaroo-gut come prepared in sterile tubes, but one-half hour's boiling does not injure them, and the process makes one chance less of infection.

Needles of proper sizes and shapes, according to the operation, are run into towels and boiled with the instruments. In many ways it is better to have the needles and ligatures sterilized separately, and the sutures can be threaded easily as they are required. "Intestinal sutures" (which are ordinary number nine sewing-needles threaded with fine silk) and "carriers" (which are threaded with coarse silk doubled to form a loop) are prepared beforehand.

A few large safety-pins should be boiled with the instruments, and may be used to secure sterile sheets and towels which surround the field of operation. Silver wire, if needed, may be boiled with the instruments.

Rubber gloves are tied together in pairs with pieces of cotton bandage on which is marked the wearer's name. A few cots should be placed with them in a towel, to be used in case a glove-finger becomes punctured. These should be boiled three minutes. Rubber tubing which may be used for salt-solution irrigation should also be sterilized by boiling.

To have all these things ready before the operation requires careful planning, as one sterilizer frequently does duty for everything except the sterile goods, which are done by the dry process.

The operating-room nurse is responsible for every detail of the preparation, including the careful instruction of her assistant nurse. If all has been well done, it will prevent awkwardness and delay during the progress of the operation.

(To be continued.)

SULPHUR AS A PREVENTIVE OF MOSQUITO BITES

ONE of our readers informs us that, having seen a statement in some English medical journal to the effect that sulphur, taken internally, would protect a person against flea-bites, it occurred to him to try it as a preventive of mosquito bites. Accordingly, he began taking effervescent tablets of tartar-lithine and sulphur, four daily. He provided himself with several lively mosquitoes, and having put them into a wide-mouthed bottle, inverted the bottle and pressed its mouth upon his bare arm. The mosquitoes settled on his skin, but showed no inclination to bite him. If this gentleman's experience should be borne out by further trials, it might be well for persons who are particularly sensitive to mosquito bites to take a course of sulphur during the mosquito season, especially in view of the growing opinion that the mosquito is the common vehicle of malaria.—*New York Medical Journal*.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL MCISAAC

DIPHTHERIA

By JAMES B. HERRICK, M.D.

Associate Professor of Medicine, Rush Medical College, Chicago

(Concluded)

THE question may now be asked, "How is it that diphtheria is cured by nature?"—for we know that nature does in many cases work a cure, and we must be free to admit it. It has been proven by experiments which need not be detailed here, experiments chiefly on the lower animals, that in the animal suffering from a diphtheria toxæmia there gradually develops an antidotal substance to which the name antitoxin has been given. This is just as truly an antidote to the toxin as an acid is an antidote to an alkali. If we know that a patient has taken a poisonous dose of an alkali, we put into that patient's stomach some acid, as, for instance, acetic acid in the shape of vinegar. If we know that the patient has within his body a poisonous dose of diphtheria toxin, it is rational to follow nature's method and give to that patient the antidote in the shape of antitoxin. This is the modern treatment of diphtheria. It is merely an imitation of nature. It has been found that by treating horses by a certain method, by the repeated injections of diphtheria toxins, the blood-serum of these horses develops a large amount of antitoxin. This antitoxin injected into a human being renders him for the time being immune to diphtheria. Then, though the diphtheria germ may lodge on the throat and produce its toxins, these toxins will not produce any of the constitutional symptoms of the disease because of the presence in the blood of this antidote, the antitoxin.

This immunity lasts only for a short time, for a few days or weeks. It has been further found that even though a susceptible person be infected with the diphtheria germ, and have the diphtheritic process fully established in the throat, and the diphtheria toxæmia well advanced, a sufficient amount of antitoxin injected into the circulation may neutralize the effect of the toxin and check the further advance of the local

process in the throat. It can be clearly seen that the earlier this treatment is employed, the better for the patient. The longer the toxæmia has lasted, the greater the changes that have been produced in the heart, nerves, and kidneys; the greater the degree of anæmia, the greater the prostration of the patient. Therefore, it becomes almost an axiom in the treatment of diphtheria that the earlier the antitoxin is applied, the better the prognosis.

The method of using antitoxin is practically the method of giving an hypodermic injection. The serum comes in little glass vials of different strengths and containing varying amounts, which the physician employs, depending on the severity of the case, the age of the patient, the length of time the disease has lasted. If he desires to give the antitoxin to induce immunity, he may give a small dose, two or three hundred units, for the antitoxin is figured by units rather than by drops or cubic centimetres, thus insuring the proper dose, no matter what the degree of strength of the antitoxin may be. If the disease is already present, he may give a thousand units or fifteen hundred units, which is perhaps the average dose administered, or in severer cases, and particularly those far advanced, the initial dose may be two or three thousand units or even more. He may repeat the dose in twelve or twenty-four hours, as may seem best. In administering the remedy the greatest care is to be exercised that the little operation is done under aseptic precautions. The field of operation—that is, the skin—is sterilized in the usual manner by soap, water, and alcohol; the needle and the syringe must be thoroughly cleansed, and syringes are commonly constructed so that sterilization by boiling can be secured; the hands of the operator and the nurses who assist, the towels, the cotton,—everything that is employed,—should be thoroughly cleaned. The fluid is drawn up into the sterile syringe and the injection is made into the subcutaneous tissue, great care being taken that it is not made into or between the layers of the skin. The point selected varies, some preferring to inject between the shoulder-blades, and others preferring the back or side of the hip or back of the thigh. The injection, as a rule, causes but slight pain. The slight wound is sealed with cotton and collodion, and the patient is not allowed to pick or scratch at the cotton or to lie upon that portion of the body, as the skin is sometimes a little reddened and irritated after the injection.

One caution may be given here regarding the injection. The manufacturers have reported that some specimens of antitoxin have been returned to them as poor, because, when about to be used, they were found to be muddy, and often somewhat thick. It has happened in some of these cases at least that the nurse or the physician has used the syringe

immediately after it has been sterilized and when it is very hot. The serum drawn into the hot syringe has its albumin coagulated, and this renders it muddy. The syringe should, therefore, be cold, or at least cool, when it is used. And no alcohol should be allowed to remain in the syringe, as this also may coagulate the antitoxin.

In cases where the antitoxin works favorably the good result will usually show within a period of from twelve to sixteen hours. There is a lowering of the temperature, an improvement in the pulse and general condition of the patient, and on examining the throat it is found that the membrane has not spread, and that there is a tendency for it to curl up at the edges. Within another twenty-four hours it may have entirely disappeared. The change that is wrought in a severe case of diphtheria by an injection of antitoxin is little short of marvellous. A child that was dull, stupid, perhaps slightly delirious, with rapid, feeble pulse, high temperature, with swollen neck, rapidly-spreading membrane in the throat, is in twenty-four hours converted into a bright, intelligent child with normal temperature, pulse of diminished rapidity, and with the swelling in the neck lessened, and the membrane, if it has not entirely disappeared, at least showing a tendency to slough.

Those who have had the greatest experience with the antitoxin are those who are loudest in its praise. Those who have had but a slight experience, perhaps using a poor preparation of antitoxin and using it in too small doses, using it late in the disease, have met with less favorable results and are prejudiced against it. The prejudice of those who have never employed it at all should scarcely be considered. The reasons for failure are the late employment of the remedy, mixed infections, that is, mixed septicæmias and toxæmias, and possibly some idiosyncrasy of the patient that we do not know about.

This, in brief, is the modern treatment of diphtheria, and yet, while the physician of to-day leans heavily on antitoxin and feels that in it he has a remedy that really acts as a specific, he should not forget that the older methods of treatment are not to be overlooked. Thus, attention should still be directed to the throat, for, while he cannot hope to destroy all the germs or prevent the absorption of the toxins, it is possible that he may destroy by antiseptic gargles, sprays, or swabs many germs, and thus lessen the amount of toxin that is manufactured. Physicians differ very much in their preference for local applications, some preferring that the application be made with a swab in spite of the struggles of the child, and others, and as it seems more wisely, preferring the spray to the swab, especially if the child is nervous and struggles and fights every time an application is made to the throat.

It is not the purpose of this article to advocate any one special drug

in the local treatment of diphtheria, and the nurse in performing her duty simply carries out the directions of the attending physician. Local applications to the outside of the throat are frequently made, either in the shape of cold, which would seem preferable, or in the shape of hot fomentations, which relieve the pain and sometimes seem to take down the swelling. With the fear of cardiac failure, it is clear that the patient should be kept quiet in bed, and wherever there is a tendency to irregularity of the pulse, and when for some unaccountable reason the pulse becomes slow, often unnaturally slow, dropping to 40 or 50, absolute quiet should be insisted upon, as these are warnings that the heart is weak and may give out suddenly.

The nourishment question is a problem which is often difficult to solve. In many instances the patient with no appetite, with perhaps nausea and pain on swallowing, is rather difficult to feed, and yet feeding in a prolonged case is of the utmost importance. This taxes the ingenuity and patience of the nurse to the utmost. As a rule, the nurse, with tact and perseverance, will be able to get her little patient to take milk or whatever food may be selected. In some cases of prolonged disease, particularly where post-diphtheritic paralysis ensues, it may be necessary to resort to feeding by the stomach-tube or the nasal tube, although these cases are rare.

The care of the skin, the sponging for temperature, the attention to the bowels, will be the same in diphtheria as in any other acute fever. Realizing the importance of elimination, we see how necessary it is that the skin should be kept clean and that the kidneys and bowels should be kept open. It is certainly a good rule in cases of diphtheria to allow the patients plenty of water, as the kidneys are thereby flushed out, and they tend to carry off the toxin of the disease.

The question is frequently asked, "How can a nurse taking care of a patient sick with diphtheria best avoid contracting the disease herself, and how can she prevent the spread of the disease to other members of the family?" While there is no space to go into details, one may say that if the nurse fully realizes the nature of the disease—that it is due to a micro-organism, that that micro-organism is in the throat and nose of the patient, that every bit of membrane, that every bit of discharge from the nose, that the saliva, and even the air that is exhaled in the act of coughing, may contain numerous micro-organisms—she will be ingenious and devise means of preventing the spread of the disease and the danger of contracting it herself. She will be as anxious about the sputum and nasal discharges as in cases of tuberculosis. There will be sputum-cups that can be emptied and thoroughly sterilized, or there will be bits of cheese-cloth that can be burned, instead of the handker-

chief or towel that the parents may prefer to use. The clothing of the patient and the bedclothes will not be allowed to go to the general wash. The dishes, knives, forks, etc., will be washed in the room, or will be boiled thoroughly before being put with the other table utensils. The members of the family will be kept from the patient as far as possible, and where practicable a separate room with good ventilation will be secured. A sheet, covered with some antiseptic, should be hung up in front of the door to catch particles of dust that might be carried out into the hall or other rooms by the current of air. The little patient will thus be practically quarantined together with his nurse.

If the nurse will remember two simple directions, she will avoid the greatest danger of contagion. One is, not to let the patient cough or breathe into her face. The other is, not to touch herself with her hands, that have been in contact with the patient, until they have been thoroughly washed and in this way sterilized. There can be no question that most cases of diphtheria arise from actual contact of the particles of membrane from the throat of the patient with the body of the healthy individual. This contact occurs either by the act of coughing or by the membrane being brought to the body of the healthy individual by the hands or fingers.

In this short portrayal of the subject of diphtheria there is much that is old. It is the same old disease that it was decades ago, with the same local manifestations in the throat, the same constitutional symptoms, the same danger of heart failure, the same tendency to post-diphtheritic paralyses, the same danger to others; but viewed in the light of modern pathology and bacteriology, the entire disease takes on a new and different aspect. It is viewed from a different stand-point, and with the modern conception of the disease we see more clearly the dangers and can more readily avoid them. Furthermore, with antitoxin the physician of to-day feels as though he had a weapon that can cope with the deadly microbe of this terrible disease.



CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE FEEDING OF CHILDREN

By JOSEPH ROBY, A.B., M.D.
Rochester, New York

So MUCH has been written of late in the medical journals on the subject of food, and especially of infant feeding, that it seems as though any further article would be superfluous, except that in this case the seed is to fall on new ground and good ground, for the nurse has an exceptional opportunity to instruct the young mother.

It is well to understand at the outset the need for the different kinds of food and what these foods are. The chief uses of food are (1) to form the materials of the body and to repair their waste; (2) to yield energy in the form of heat and power, for one cannot make something out of nothing, and the child will not grow and increase in weight without some building material, neither can it run without fuel.

All foods, no matter how different they may appear when on the table, can practically be put into five divisions,—(1) protein, (2) fats, (3) carbohydrates, (4) salts, and (5) water. Of these five, three are absolutely necessary to life, protein, salts, and water, existence being possible without the others. Protein is here used as a broad term to include all the organic compounds of nitrogen. The most important subdivision of this class is the albumins, for without this food man cannot exist. These are the building materials of the body, and are represented by the curd, or casein, of milk, the white, or albumin, of the egg, and the gluten of wheat flour.

After digestion by the gastric juice in the stomach or by the pancreatic juice in the intestine, they are taken up by the blood in another form of albumin and carried to the muscles, liver, brain, etc., to make new cells or to repair the old ones. These albumins go to make up another very important thing in the body, namely, the hæmoglobin, or red coloring matter of the blood—the oxygen-carrier, without which in normal amount a vigorous mental or physical life is impossible. As practically every part of the child's body is growing and increasing in

size by the addition of new cells made of albuminous material, it is necessary that there should be a proper amount of animal food in the diet, for animal food yields the most proteid.

The fats, examples of which are the fat of meat, butter-fat in milk, olive oil, or the oil of corn and wheat, serve for fuel that is burned up as oil burns in a lamp, only more slowly, and partly are stored up as body fat.

The carbohydrates, which include all the various forms of starch and sugar, act as fuel and are also transformed into fats and stored up in the body as such. The child needs proportionately more of this kind of food than the adult, for the child's nutritive processes are more active, the heart works proportionately harder, and the muscles of a healthy child are kept in almost constant motion. In man the correct nutritive ratio is one to five or six,—that is the ratio of the albuminoids to the fuels calculated in fuel value,—while the mother furnishes her baby with a food having a nutritive ratio of one to ten or twelve.

All of the food materials contain some or all of these nutrients in different quantities, and for this reason, as well as for the fact that in some of the foods one kind of nutrient is more completely or more quickly digested than it is in another, it is impossible to say that under all conditions any one food is the best food. For example, a child with a tendency to constipation needs a food such as oatmeal or fruit, that leaves an undigested residue, that will mechanically irritate the intestine to increased activity, and one suffering from diarrhœa a food such as milk, that is completely digested and therefore leaves no undigested residue to irritate the already inflamed intestine. So that in deciding upon what is a good food for a child it is necessary to consider:

1. The quantity of the nutrients in the food.
2. The rapidity of digestion.
3. The completeness of digestion.
4. Among the poor, the cost of the food.

It is the intention in this paper to give a few general considerations of food and its nutrient value, and in a subsequent paper to give more particular ideas for feeding children between the ages of one and twelve or fifteen.

For a child, as for an adult, a great deal depends upon the cooking of the food, the method of serving it when cooked, and the state of the mind of the child at the mealtime. An attempt should always be made to have the food look attractive and clean. If the food is meant to be hot, it should be hot, and not lukewarm or cold. "Palatability and digestibility go hand in hand, and the intelligent preparation of a so-called cheap or tough piece of meat, for example, may result in as diges-

tible and nutritive product as the more careless preparation of a piece of tenderloin."

Roasting is more economical than boiling, because in boiling part of the nutritive matter is dissolved out and thrown away with the water. Frying is also more economical than boiling, but it is very probable that the resulting product is not quite so digestible as when the meat is roasted, owing to the more intimate admixture of fat, which is not digested at all by the stomach, but it has the advantage of getting an increased amount of fuel food into a thin child, provided the child's stomach digestion is not interfered with by the presence of the fat. Vegetables and cereals should be well cooked and meats more rarely cooked as a general rule. Vegetables, such as potatoes, boiled with the skins on, retain more of the nutrients than when peeled before boiling. Potatoes and oatmeal especially should be thoroughly cooked before being fed to children.

A mixed diet is the best one for man, as experience has proved and is proving every day. It is only necessary to look at the lips of a few children brought up to a large extent on a vegetable diet to be convinced. Neither is a diet of animal food alone to be recommended for a child, as it would throw a great strain on part of the system to use the albumins as fuel in place of the usual starch or sugar. The diet, besides containing animal food, cereals, vegetables, and fruit, should not be a monotonous one. It is well to change the cereals from time to time. A child who is not eating well at home will very often develop an enviable appetite at the house of a friend or relation.

Change of air and scene greatly improves the appetite. The state of the mind at the time of eating probably does not affect the digestion as much as it does in adults, in whom by anger or great mental excitement the process can practically be stopped, but it must have some influence. The meal should be as pleasant and happy as possible, and the child's training, except for table manners and what it should or should not eat, left for some other time. The meal should not be hurried. The food should be masticated well. A great many children grow up with a dietary very much limited. How often one sees a child who does not eat any potatoes or bread or oatmeal, and how difficult it is, when they get older and begin to visit, to pick out something that they are willing to eat. A child who is old enough and well enough to eat all kinds of plain food should be taught to do it. "There are children who acquire a dislike for meat and who persistently refuse it until they become anæmic and feeble, and there are others who refuse fresh vegetables, which they need. It is a great misfortune for a child to be indulged in such likes and dislikes. How often is the physician baffled in the treatment

of a severe disease like typhoid fever, which requires a milk diet, by the patient insisting he has never been able to drink milk since childhood. If there is any taste which is natural to all men, it is that for milk, upon which all must live during infancy. . . . And there is no reason why children should not retain a normal fondness for it." (Thompson.)

In the appended list it can be seen that the proteids of animal food are in a general way more completely digested than those from vegetable food; that with the exception of peas, twenty-four per cent., beans, twenty-two per cent., and lentils, twenty-six per cent. (all dried), animal food contains more protein than vegetable; that fat is found mainly in animal food, slightly in cereals, and least of all in vegetables; that starch or sugar is absent from animal food except milk. To understand the list, take milk, for example. It means that in one hundred ounces 3.6 ounces are protein, all of which is digested; four ounces are butter fat, 3.8 ounces being digested, and 4.7 ounces are sugar, all of which is digested, the other 87.7 ounces being 0.7 ounces of salts and eighty-seven ounces of water.

BULLETIN 21. UNITED STATES DEPARTMENT OF AGRICULTURE.

TABLE 14.—*Estimates of Proportions of Digestible and Undigestible Nutrients in Food Materials.*

FOOD MATERIALS (EDIBLE PORTION).	PROTEIN.			FATS.			CARBOHYDRATES.		
	Di- gested.	Undi- gested.	Total.	Di- gested.	Undi- gested.	Total.	Di- gested.	Undi- gested.	Total.
	P. ct.	P. ct.	P. ct.	P. ct.	P. ct.	P. ct.	P. ct.	P. ct.	P. ct.
Beef:									
Shoulder	19.5		19.5	14.8	0.8	15.6			
Sirloin	18.5		18.5	19.5	1	20.5			
Round	20.5		20.5	9.6	.5	10.1			
Veal, shoulder	20.2		20.2	9.3	.5	9.8			
Mutton:									
Shoulder	18.1		18.1	21.3	1.1	22.4			
Loin	15		15	33.3	1.7	35.0			
Pork:									
Shoulder	16		16	31.2	1.6	32.8			
Very fat9		.9	78.7	4.1	82.8			
Eggs	14.9		14.9	10.2	.2	10.5			
Milk	3.6		3.6	3.8	.2	4	4.8		4.7
Butter	(?)	(?)	1	81.6	3.4	85	.5		.5
Cheese:									
Full cream	28.3		28.3	33.7	1.8	35.5	1.8		1.8
Skim milk	38.4		38.4	6.5	.3	6.8	8.9		8.9
Haddock	16.8		16.8	.3		.3			
Bluefish	19		19	1.1	.1	1.2			
Cod	15.8		15.8	.4		.4			
Shad	18.6		18.6	9	.5	9.5			
Mackerel	18.8		18.8	7.8	.4	8.2			
Halibut	18.3		18.3	4.9	.3	5.2			
Salmon	21.6		21.6	12.7	.7	13.4			
Wheat flour:									
Fine	9.4	1.6	11	.9	.2	1.1	71.1	3.8	74.9
Medium	9.5	2.2	11.7	1.4	.3	1.7	68.1	3.6	71.7
Cracked wheat	8.9	3	11.9	1.4	.3	1.7	70.9	3.7	74.6
Maize meal	7.8	1.4	9.2	.3	.3	3.8	67.1	3.5	70.6
Rice	6.3	1.1	7.4	.3	.1	.4	75.4	.4	75.8
Potatoes	1.6	.5	2.1	(?)	(?)	.1	17	.9	17.9
Turnips	1	.2	1.2	(?)	(?)	.2	7.8	.4	8.2
Beets	1.2	.3	1.5	(?)	(?)	.1	8.5	.4	8.9
Wheat bread	7.1	1.7	8.8	1.4	.3	1.7	53.4	2.8	56.2
Rye bread	6.5	1.9	8.4	.4	.1	.5	56.7	3	59.7
Graham bread	7.1	2.4	9.5	1.1	.3	1.4	50.6	2.7	53.3

EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

THE PRELIMINARY EDUCATION OF NURSES

By M. ADELAIDE NUTTING

Superintendent of Nurses, Johns Hopkins Hospital, Baltimore, Maryland

In looking over the field of nursing and noting the remarkable improvements made in some directions, our attention is drawn to one particular phase of our work in which certain departures have been made from ordinary methods which seem to us significant of tendencies of thought, and as such to be worthy of careful consideration. The changes referred to are the establishment in some schools for nurses of what is called "preliminary training," meaning, briefly, a period set apart for the preparation of the pupil nurse by some preliminary instruction before permitting her to proceed with the further training provided by practical work in the hospital wards. From the fact that these changes have been established in schools widely remote from one another, and without communication or common impulse, it would seem that each school must be responding in its own way to a recognized need in its work.

The first school, so far as we know, to demonstrate the existence of such a need by making provision to meet it was the Glasgow Royal Infirmary, which in January, 1893, established a course of preliminary training extending over a period of three months. This plan of preliminary instruction included courses of lectures and demonstrations in anatomy, physiology, bacteriology, and hygiene, in the principles of therapeutics, in cookery, and in ward work. The course was divided into two parts; the first, consisting of lectures, etc., was delivered at St. Mungo's College; the second and more advanced part was given at the hospital. Entrance upon the second half of the course was conditional upon passing the examinations of the first. The fees for the full course were about five pounds, the pupil providing board and lodging for the three months at her own expense.

In establishing this course of instruction the superintendent of

nurses, Mrs. R. Strong,* referred to her experience in hospital nursing, extending over thirty years, which had made it evident that a pupil requires a certain amount of technical knowledge before she can reap any benefit from the practical part of her work or be of service to others; that the ignorance of a probationer is a dangerous ignorance, greatly lessened by preliminary instruction and training, and that a further advantage is derived from the uniformity of such instruction. Of great importance also was the removal of that serious interference with the proper administration of the work in the wards which resulted from taking away pupils at irregular hours to attend classes and lectures.

A somewhat similar course of training to that which has been outlined above was established at the London Hospital about 1895.† It differs from that of the Glasgow Infirmary in the following points: in length, which was about six weeks; in some of its subjects; in providing board and lodging free of expense, and in the fact that it was expressly stated to be established for a limited number of selected candidates.

Pupil probationers received instruction in and were required to perform such household duties as would subsequently fall to their share when admitted to the wards. These included sweeping, dusting, etc., but no cleaning of grates nor scrubbing. They were expected to become quick and thorough in accomplishing such portions of ward work as would shortly become a part of their daily routine in the hospital. They were also expected to become proficient in sick-room cookery, in bandaging, and in such details of practical nursing as could be taught previous to their actual attendance on the sick. In addition, they were to have the advantage of attending lectures and classes on elementary physiology, anatomy, and hygiene especially arranged for their benefit.‡

This idea was further developed in the Dublin Technical School for Nurses, which was established as a central place where probationer nurses

* "A Plea for Uniformity of Education in Nursing," by Mrs. R. Strong, superintendent of nurses, Glasgow Royal Infirmary. Published in *Trained Nurse*, January, 1895.

† The writer is not informed as to the exact date on which the London Hospital established this course of training, but remembers first hearing of it in the year 1895 as something quite recently inaugurated.

‡ A recent comment upon this system, cut from the *Nursing Record*, may be accepted as some evidence of its value: "Preliminary training for probationers at the London Hospital has proved so successful that the system is now being greatly extended. Tredegar House, Bow Road, where pupils have been received for preliminary instruction in technical details, has failed to meet the demand for such instruction, so the committee has acquired the adjoining house, which will enable all probationers to be received for this teaching before passing into the hospital wards for practical trial."

from all hospitals could attend to receive instruction in anatomy, physiology, hygiene, and cookery, after first passing required examinations in English.*

On this side of the Atlantic we find what seems to be an outgrowth of a similar idea in the School for Nurses at Waltham, Massachusetts. Here the first six months of the three years are set aside for the preparation of the pupil for her practical work later, and are called a probationary period. During the first term of the probationary year instruction is given in anatomy and physiology, in chemistry and hygiene, in the principles and practice of asepsis, in all branches of practical housekeeping, especially housekeeping for the sick, and in the care of infants and convalescents. At the end of six months, probationers who have passed satisfactory examinations and who have proved their efficiency in all of these branches are given nursing service in the wards of the Waltham Hospital. As, in addition, "during the first term of the junior year student nurses are assigned to nursing service in the private practice of their physician-instructors," it is evident that this is not preliminary training in the sense in which it has been established in the schools before referred to. Practical nursing work, done outside of the hospital instead of in it, is apparently performed by the probationer from the date of entrance. This is done partly under supervision and partly without it, as the accompanying extract from the circular will show:

"A distinctive feature of the school is the training given in district visiting nursing. As has already been stated, the probationers are taken out by the superintendent or her assistants to such work, beginning with the more simple cases. Several thousand such visits are made during each year. On these nursing visits they are taught how to wash and dress infants, how to care for lying-in women, how to make clean and comfortable convalescent patients and helpless chronic invalids who either cannot afford or do not need continuous nursing. After the probationer has satisfied her teachers of her ability to do well the nursing service required at one place, she makes the visit by herself on the following days until the patient recovers or until another probationer is taken there to be taught, and she is transferred to a more difficult case."

The course at this hospital cannot, therefore, be considered in any sense an adequate preliminary course.

That some preparatory instruction of the pupil before permitting her to enter upon practical training in the hospital wards is a neces-

* A recent letter from Miss Huxley says, "We have every reason to be pleased with the results."

sity is an idea, then, which has taken definite form in a course of instruction provided for that purpose in three important centres.

It is of further interest to us to see to what degree such ideas may be held by others representative of the nursing profession and competent to judge of its needs. From recent papers and addresses given before our nursing societies we find evidences of the general tendency of thought in such statements as follow: * "There is no present prospect for the nurse of gaining her theoretical knowledge as the young doctor does his before entering the hospital wards. This in itself would be of infinite value, and would render the nurse's work both intelligent and interesting from the outset."

Again we quote: "The time may not have arrived for training-schools in this country to take such a long step in advance as to adopt the plan of the Glasgow Royal Infirmary in giving a preliminary course of instruction. Boards of Trustees might demur at the additional expense, and it might take a good while to educate them to an appreciation of its advantages." †

And again: "A knowledge of housekeeping, so essential in a nurse's work, is so often found lacking in the young women who make application, that until domestic economy becomes a branch of education in our public and private schools I fear we cannot hope for much improvement. The home training is all that can be counted upon, and we know this part is often most sadly neglected. This would seem to be a most important requirement for a course in nursing." ‡

In a recent number of the *London Nursing Record* we note that the necessity for this preliminary training is very strongly urged by Miss Stewart, matron of St. Bartholomew's Hospital, one of the oldest and greatest and most important hospitals in the world. Apart from these publicly expressed views, which the writer has noted in the way in which one always appropriates evidence bearing upon a matter much in one's thoughts, the general consensus of private opinion has almost invariably been, "It is an excellent idea, but how can we carry it out?"

The natural and inevitable inference from these statements is that existing methods of instruction in hospital training-schools have proved unsatisfactory in this particular direction and are in need of reform. The methods in general use in these schools at present conform very

* "How to Prepare Nurses for the Duties of Alumnae," by Miss Lucy Walker, superintendent of nurses, Pennsylvania Hospital, before the Superintendents' Society. *Nursing Record*, April 15, 1899.

† "Uniformity in Methods of Teaching Ward Work," by Miss Riddle, Boston City Hospital. (1898.)

‡ "What has been accomplished towards a Uniform Curriculum," by Miss M. W. McKechnie, superintendent of nurses, New York Infirmary for Women.

little to such as have been accepted as intelligent and effective in other educational institutions of somewhat similar scope and purpose. The school for nurses claims standing-room among schools whose purpose it is to teach a profession, precisely as the medical schools teaches its graduates to practise medicine, or the law school prepares its graduates for admission to the bar. The scope of such a school is bounded only by the largest conception of the requirements of that profession, by the aspirations and ability of its faculty, and the means at their disposal. All professional schools, therefore, having largely one purpose, it may be assumed that they should possess a certain general similarity of methods, such as definite requirements for admission, and such a graded arrangement of the subjects of instruction that the student may be carried forward in his studies from year to year in an orderly and logical way. Requirements for admission to all professional schools vary greatly in the different professions and in different schools of the same profession, but they are the subject of continual agitation and continual improvement. Not only is it demanded that the applicant for admission to great professional schools shall have a good foundation in general education, or, better still, a college degree, but that he shall have been in some way prepared for the professional school by studies which are directly preliminary, and the tendency of schools and colleges is to so prepare the student by electives. The college degree in an applicant for admission to a medical school may in fact stand not only for general preparatory knowledge, but also for special attainments in the line of biology, physics, and chemistry, all leading up to practical work and having an important bearing on his future career. In a proper and logical system of education the acquisition of new knowledge must depend to a considerable extent on what has been previously acquired.

How far do training-schools for nurses conform to the requirements of such a system? What are our requirements for admission? What are our methods of instruction? An inspection of such circulars as are furnished by our schools for the information and instruction of applicants shows plainly that we have few arbitrary requirements of any kind, and these relate mainly to age, size, and physical conditions. Stress is usually and wisely laid upon good character as an essential, but upon the important point of educational qualifications or attainments, such as might reasonably be supposed to prepare one for a profession, there is a silence which speaks louder than words. Among the sixteen to eighteen questions of which an average application-blank may be composed, a brief "where educated?" may be all that suggests to the applicant that any educational qualification is necessary or even desirable. Here and there an effort has been made to establish

a definite standard by a statement that applicants must pass certain prescribed examinations before or after admission, but these are neither uniform nor general, nor do they extend in any case beyond the range of the simplest elementary knowledge afforded by a common-school education. The last word on the subject of educational requirements proper is said when we remind those who apply that women of superior education and cultivation will be preferred. We realize, to be sure, that many do not concede the claims which nursing makes to be ranked among the professions, and to them and others the possession of a "superior education" is neither necessary nor desirable. One may pause here just long enough to remind those holding these opinions that they are not new, but have been held at various times concerning every one even of those professions which we now justly call learned—theology, law, medicine, the scientific professions, and teaching. Thirty-five years ago, says President Eliot, some of the medical students could hardly write, so that the taking of notes was difficult for them. It is at present our conviction that neither the public generally nor even the governing bodies of schools for nurses have yet come to any adequate appreciation of what may reasonably be expected from the nursing profession, and hence arises some of the difficulties met with in our efforts to improve present conditions. Until there is a clearer and more general understanding of the possibilities which the work of nursing holds, we shall be unable to advance appreciably our present requirements for admission. It is also to be steadily borne in mind that a school for nurses does not merely teach and train as many properly qualified candidates as its size, equipment, and teaching force permit. It carries on the nursing work of the hospital, and has the responsibility of keeping up at all times for the necessary work of the hospital a certain specified number of pupils. So long as these conditions exist, requirements, being governed by imperative considerations, must remain in a measure adjustable. Of equal importance also stands the fact that the education of the average candidate is a mere chaos of information of little value to herself or to anybody else. Of those matters which most nearly concern us in every-day life she is pitifully ignorant, having been systematically shielded from every trial or difficulty, often even from the necessity of making an effort of any kind which she did not choose to make. Even when she does not lack natural mental capacity, the ability to use her hands to any satisfactory purpose, to accomplish definite results in any direction, has been almost universally found wanting. It goes without saying that the higher qualities, judgment, self-control, habitual decisiveness, discretion, an understanding of the dignity of labor, are largely undeveloped. Such preliminary education as would qualify one aright for the

work of nursing the sick is hard to find anywhere. We are educated in a general way by every circumstance and condition of our own lives from the day of our birth, and the nature and extent of this education are as powerful factors in determining our fitness for responsibilities as any accumulation of facts acquired through the indirect medium of books. "Studies," says Lord Bacon, "do give forth directions too much at large unless they be bounded in by experience," and he adds, "there is a wisdom about them and above them won by observation."

It speaks volumes for the educating power of the school of nursing that from such untrained and wrongly educated material (always the best that offers) there are finally sent forth so many capable, thoughtful, skilful women who ultimately become useful to the community and a credit to the profession. The business of the school for nurses, however, is to teach the work of nursing, and its definite responsibilities should begin and end somewhere. While clearly at present it is our duty to take the best which comes, and to supply as far as possible a training in the school which the applicants should have received before coming to it, and which is the only foundation upon which we can build, we should not be unmindful of the necessity of continuing our efforts to advance the standards of requirements for admission, and to relieve the school of a task of extraordinary difficulty by including among these qualifications much that now forms a part of the course of instruction. A comparison of our methods of instruction with those of other schools shows remarkable points of difference. There must be a best way of mastering any subject, and while each presents its own peculiar difficulties, to be met by special provisions and measures, yet this cannot be so utterly unlike others as to form no part of any system or group or to find in the general scheme of education no teaching or training which may serve as a guide. If it be suggested that the nature of this subject is so different from others that methods may be wisely and safely employed in its teaching which would not be so considered if applied to other subjects, we must reply that facts as we know them do not corroborate such a belief. By our present methods the pupil, with few suitable qualifications, no previous study, no preliminary training, is brought at once into the practical side of her work. A great amount of practical work is placed upon the pupil long before she has been prepared by definite or systematic instruction. Immediately upon entrance she is placed at totally unfamiliar domestic duties requiring careful and exact performance, and involving an appreciation quite above the common of the necessity and importance of such duties. She prepares and serves foods and receives her instruction in this most important subject months afterwards. She has been taught nothing about the choice of suitable

and nourishing materials, their careful preparation and economical use, the art which is required in feeding a sick or helpless patient, and the observation necessary to note changes in the appetite and quantity of food consumed by the patients, all of which demand from the very beginning an amount of knowledge, care, and thought far beyond what is possessed by a young pupil nurse. We find her, further, administering medicines and learning how she ought to administer them and what effects to observe possibly weeks or months later. She begins early the personal care of her patient, with its countless details and its countless possibilities of danger to him through her ignorance of what she is handling. Some previous study of anatomy and physiology might not only prevent possible errors, but would have the further value of making her work comprehensible from the beginning and of avoiding the establishment of wrong or confused ideas.

That these statements are absolutely correct will be seen from statistics taken at random from the recently published reports of methods of instruction in several of our representative schools. In eleven out of twenty of these schools we find *materia medica* taught in the second year; in six it does not come until the third year; yet those familiar with the training of nurses know that the pupil may begin her practical handling of drugs within two months after admission. Dietetics are taught sometimes in the second year, sometimes in the third. Anatomy and physiology, while more uniformly a feature of the first year's teaching, are yet to be found both in the second and third years. It is reasonable to infer that the pupils have obtained the practical part of their instruction with much less advantage than if they had received some systematic preparation for it. Among the arguments in favor of this method we find it stated that the pupil is always taught individually by a head nurse or senior nurse before being allowed to perform any act of work. In a busy hospital ward this is frequently quite impossible, and the statement is one which after some years of experience and observation the writer is unable to accept; even were it true, such a method would be a poor substitute for careful, thorough, and systematic preparatory teaching.

A moment's consideration of such a system as now prevails shows its crudity and weakness. It is no argument to say that a pupil can quite well acquire the little necessary knowledge of the principles of her work as she goes along. She can acquire them much better before she goes along, and her going will inevitably be attended with more benefit to herself and to the patient, and with considerably less chance of injury to him. Beyond all question practical skill is the thing, and all instruction must have constant reference to practical ends. But this

should be preceded by an understanding of some of the principles and an acquaintance with some of the facts.

Our methods, while containing much that is admirable, have never grown beyond the stage of infancy. What was done of necessity years ago in the effort to provide better nursing in hospitals is now continued partly as a measure of economy, and partly through indolent adherence to a custom which saves us the trouble of thinking.

To lengthen courses of instruction and increase the number of subjects taught, or to show long and elaborate schedules of lectures, does not necessarily mean that we are thereby greatly advancing in the education of nurses. It is equally important that there shall be a wise division of theory and practice, and such an arrangement of each that practical work shall in all instances be preceded by previous study.

A system whereby the pupil is prepared to some extent for the practical side of her work by previous study and preparation is founded on a rational basis, and it is in this direction that the writer believes the greatest improvement will come about in the teaching of nurses. This method may for us have the stamp of novelty, but it is in accordance with existing methods in every other branch of education, every art, trade, or profession. Is it not time to bring methods of teaching nurses in training-schools into harmony with those employed in other branches of education?

PREPARATORY SCHOOL FOR NURSES

By ANNIE M. SHIELS

Directress of Nurses, State Hospital, Hazleton, Pennsylvania

THE State Hospital at Hazleton, Pennsylvania, opened a Preparatory Training-School for nurses in 1893. The hospital was built to take care of the injured of the Middle Coal Fields of Pennsylvania. In order to admit a patient there has to be a history of an injury of some kind; that being the rule, all medical cases are excluded. The rules also exclude women; occasionally there is one admitted who can be accommodated in the one private room at the hospital, but not sufficient in number to afford proper training for the nurses.

The course of training in the Preparatory School is one year, after which time the pupils are expected to enter a general school for nurses to finish their training. The greatest difficulty was to find pupils with the necessary efficiency and ability. At first there was not any arrangement made with other hospitals to accept the pupils after their year was

completed, and it proved to be a difficult matter to have them received by other good schools.

Some schools had not any vacancies; some objected to taking pupils that had been in another school; some ignored the application altogether, so that it became very evident that another arrangement was necessary. The establishment of a general training-school giving a course of two years was fully discussed. The second year the pupils were to do private nursing in order to secure surgical, medical, and obstetrical experience in nursing women. At the end of that time they were to receive diplomas entitling them to take their place in the world as trained nurses; but, fortunately, the majority of trustees decided against this plan. Instead, the chief surgeon and superintendent were asked to communicate with training-schools in New York and Philadelphia, and endeavor to make arrangements with one or more of them to accept the pupils. This has resulted most satisfactorily, and three first-class schools have agreed to each accept two pupils from here every year, and in addition have promised if possible to send probationers if they have suitable applicants who would care to take this course. The surgical training here is large and varied: major amputations and trephines average two per month; laparotomies, one per month; other major and minor operations are more numerous, and the dispensary has an average of fifteen to twenty cases dressed each day. The nurses, under supervision of the directress, have charge of the two male surgical wards, the dispensary, and operating-room; they make all bandages, learn to prepare dressings, sutures, drainage-tubing, iodoform gauze, and make solutions. There are classes held from October to June in practical nursing and anatomy, besides lectures by the surgeon-in-chief on subjects pertaining to their work. The work is most interesting, but also most trying, and the nurse who bravely faces and does her duty towards the grimy, mangled miners of the field, most of them Hungarians, Poles, and Italians, will not be likely to shirk any duty that may be expected of her in whatever sphere she may be placed. Graduates of other schools whose surgical training has been deficient, perhaps from lack of acute cases, would be accepted here on the same terms as the other pupils. The aim is to have the hospital receive the best service, in return for which a good surgical training is acquired. At the end of the year, if the pupils have satisfactorily performed their duty and passed all examinations, a certificate is given indorsed by the trustees, surgeon-in-chief, and directress.

[“Preparatory School for Nurses” is an encouraging title to see heading the brief paper that sets forth the attempt that the authorities

of one small specialty hospital have made to provide adequate training for their nurses. Where one leads, others will follow, and it is sincerely to be hoped that the interchange of pupils between the large general schools and the small specialty hospitals will rapidly grow to be the rule; but the still better plan would seem to be the one advocated for some years past, to have the large general schools accept all probationers and to arrange with one or more varieties of small specialty hospitals to furnish them with the required number of pupil-nurses for stated periods, during that time the pupil to receive a thorough training in the particular branch of medicine or surgery that the small hospital represents, under a capable superintendent and efficient teacher and in accordance with a prescribed curriculum.—Ed.]

ADULTERATION OF FOOD IN SWITZERLAND

A COMMUNICATION to the State Department from the American Consul, M. De Boise, at St. Gall, Switzerland, declares the adulteration of food general in Europe, and in Switzerland legislation has had to be made against it. The chocolate, the consumption of which the slot machines have increased, is adulterated with mutton-tallow, sawdust, and potato meal. The chief ingredients of honey are syrup, meal, and corn-starch; Swiss cheese is mixed with potatoes ground to a powder; butter is adulterated with carrot juice. Bread, which furnishes seventy per cent. of the nourishment of the people of the Swiss Republic, is mixed with potato meal, and the dough is soaked heavily with water to add to the weight of each loaf. With coffee, tanbark, sawdust, stove rust, and chicory are mixed; and as adulterants for tea, linden, sage, and strawberry-leaves are used. It is proved by analysis that in beer the following ingredients are added as substitutes for malt and hops: potash, vitriol of iron, alum, licorice, linseed, solution of tartar, poppy heads, guinea grains, chamomile, pine sprouts, chicory, henbane, and wild cherries. Some of the wine which is freely consumed, he declares, has never contained a drop of grape juice, since potato syrup dissolved in rain water makes a salable beverage, and the desired color and bouquet are obtained by mixing wine acids with cream of tartar.

PROGRESSIVE MOVEMENTS

IN CHARGE OF
LUCY L. DROWN

THE CRIPPLED CHILDREN'S SCHOOL

BY AGNES CURTIS
New York

BETWEEN the hours of eight and nine on week-day mornings one may see a Fifth-Avenue stage jogging merrily along the avenues and cross-streets of the upper East-Side district of New York. What can have caused this familiar vehicle to stray so far from its accustomed course? If you watch, you will see it stop before one of the many tenement-houses, from which a little crippled child is carried and carefully placed within. Or, standing ready on the door-step, a merry little fellow on crutches is eagerly watching its approach, or a little girl, supported on her iron brace, without which she would be almost helpless, is excitedly waving her hand to the children who have already been called for. So the great bus goes from house to house until it is filled with boys and girls, whose merry, laughing faces almost make one forget the poor little crippled bodies. What does it all mean? Simply that the Children's Aid Society has opened a class for cripples in the Rhineland School, 350 East Eighty-eighth Street, and has chosen this way of conveyance until some kind friend will come forward and provide a wagonette for the children that will be more comfortable and better adapted to the purpose.

And now, if you follow this strange picnic, you will find yourself in a bright school-room where the little ones are greeted by a smiling, white-gowned nurse and a teacher, who have charge of the children for the day.

After the morning exercises, the braces are looked to, abscesses dressed, straps changed, etc., and each child is made as comfortable as skilled care can make him.

This is exclusively a class for cripples, and to keep them busy and happy, to teach them something useful, and to lead them in such exercises and games as may not overtax the weak little bodies is the work of the ever-watchful teacher and nurse.

During the noon-hour the children are served with a wholesome luncheon, and for a while nothing is heard but their merry voices mingled with the clatter of spoons and bowls. Then some songs and games until time for the afternoon work. At two o'clock the children are ready for their ride home, and thus ends one happy day spent in the Eighty-eighth Street school.

During the summer the class is taken to Bath Beach, where the Children's Aid Society has a Summer Home, and where there is a cottage expressly built for cripples. There they stay, in charge of the nurse, for three weeks, gaining health and strength in the fresh sea-breezes. Little, pale cheeks become round and rosy, dull eyes bright, and they return to their parents healthy and brown and full of wonderful experiences to relate.

The Children's Aid Society is the pioneer in this much-needed educational work among cripples who are not physically fitted to take their place among the robust children of the public schools, and has provided not only a teacher, but a nurse trained in orthopaedic work, who understands the children and their limitations, and who is fitted to give the daily attention which is absolutely necessary in many cases.

CARE OF NIPPLES

IN caring for the nipples of the nursing mother great harm is often done by mistaken methods of cleansing. Nasty-tasting lotions are often applied by stupid nurses, who then wonder why the babies dislike to take hold. No washes are allowable; olive oil or lanoline should be used instead. And then for a protecting dressing tallow and beeswax or the raw white of an egg should be freely applied. Cracks and excoriations will then be astonishingly infrequent, but if either torturing accident occurs, immediate attention is demanded. After thoroughly disinfecting with boracic acid lotion (five per cent.) and anæsthetizing with cocaine, the crack and raw surface should be treated with a ten-per-cent. solution of silver nitrate, then dried by pressure of absorbent cotton and painted over with egg-albumin. For the next few nursings a glass-bell nipple-shield should be used. Thus by scrupulous care mothers can be saved from tortures that they too often suffer, and then it becomes far easier to persuade them to continue nursing their babies in accordance with the design of the Creator.—*Boston Medical and Surgical Journal.*

NEW DRUGS

IN CHARGE OF

WILLIAM SCHLEIF, M.D.

Instructor in Pharmacy, University of Pennsylvania

HEROIN

HEROIN and one of its salts, heroin hydrochloride, has been introduced as a remedy in the treatment of cough. It is a derivative of morphine (di-acetyl morphine), and shares some of the physical, chemical, and therapeutic properties of this drug. Heroin itself is a white, crystalline, odorless powder, slightly bitter in taste and almost insoluble in water, but soluble on the addition of a few drops of an acid. The dose of heroin is one-twenty-fourth to one-twelfth of a grain.

Heroin hydrochloride is also a white, crystalline, odorless powder, but differs from heroin itself in being very soluble in water, so that it can be given as readily hypodermically as by mouth. On account of this solubility the hydrochloride is preferred to heroin. The dose of the hydrochloride of heroin is from one-twenty-fourth to one-sixth of a grain. As the drug resembles morphine in many of its actions, the dose to children is disproportionately small, and must be used with the same degree of caution as morphine itself. Accordingly, heroin or its hydrochloride may be given in the form of powders, pills, tablet triturates, or in solution; speaking generally, it can be administered in combination with other drugs much like morphine.

The most important indication for the use of heroin (or heroin hydrochloride) is found in cough, whether this be due to consumption, acute bronchitis, chronic bronchitis, pneumonia, or asthma, though it seems least efficacious in asthmatic coughs, and most so in those due to irritation. In the large majority of cases no unpleasant effects follow its use. In a small percentage of cases some of the after-effects of morphine appear, though in lesser degree, such as constipation, nausea, drowsiness, itching, and occasionally habituation is observed. This habituation seems to be easily overcome. Stupor, giddiness, and severe headache have also been noted. Heroin has been additionally employed with considerable success as a substitute for morphine in alleviating pain and in producing sleep; it has been used successfully in curing morphine habitués. Heroin does not seem to affect the circulation unfavorably and stimulates respiration, and in general is the

most powerful (excepting morphine) and most reliable drug at our command to-day to subdue cough.

SULFONAL

THIS drug occurs in the form of a fine, white, odorless, and tasteless powder, very slowly soluble in cold and soluble in about twenty parts of hot water. It is used to produce sleep in doses of from five to twenty grains, and should always be given *dissolved* in hot water or hot milk at least two hours before the desired effect is to be obtained. On account of this insolubility the drug is always slow in action.

In medicinal doses sulfonal causes a condition resembling natural sleep, which may be protracted and is often followed by drowsiness and mental confusion. In large doses it produces deep sleep lasting for many hours, which is followed by mental depression, tremors, staggering of gait, or weakness, after which complete recovery occurs. It is therefore a perfectly safe hypnotic in single doses.

The habitual administration of sulfonal in ordinary medicinal dose over protracted periods of time is accompanied by considerable danger. The first symptom to warn the patient or the nurse usually is a *pink* coloration of the urine, due to the presence of altered blood-pigment, and accompanied or followed very soon by albumin, blood, and tubercasts. These symptoms, indicating serious kidney disease, are often succeeded by evidences of digestive or nervous disturbance, such as loss of appetite, colic, obstinate constipation, local or general paralysis, mental depression, and failure of memory. Many cases of advanced poisoning terminate fatally. For this reason it is exceedingly important to watch for the first symptoms of chronic poisoning and to discontinue the drug at once; even then it may be too late to save the patient. The treatment consists in flushing out the system with large draughts of water.

TRIONAL

THIS drug is closely related to sulfonal in its composition, physical properties, and general effects on the system, but is more rapid in action, producing sleep in doses of from five to twenty grains. A number of cases of poisoning have been reported from the administration of large doses for protracted periods of time, but all reports show that trional is much safer than sulfonal, probably because of its greater solubility. The symptoms of poisoning resemble those of sulfonal. Trional has been found especially useful in the insomnia attending great mental excitement.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF
LINDA RICHARDS

TWENTY young women were graduated the evening of January 15 from the New York Training-School for Nurses, at No. 426 East Twenty-sixth Street. Professor Henry F. Osborn, of Columbia University, presided. The diplomas were presented by Mrs. William Preston Griffin. The address to the graduates was delivered by Dr. L. Bolton Bangs, and the twenty-eighth annual report of the society was read by W. C. Osborn. It showed, among other things, that the school is growing, and that many of its graduates find important places. The report said in part:

"In the last year the school has added five more pupils to its number, so that to-day there are eighty of its nurses on duty in the wards of Bellevue. In the next month seven more pupils will probably be added to the school in order to take charge of the nursing in the new ward for consumptives.

"Last year one of our graduates, Miss Gertrude Moore, went to Cuba to organize a second training-school for nurses in a hospital of one thousand beds, under Major Greble, the Commissioner of Charities for the Island of Cuba. Another graduate, Miss Sampson, went to Cuba under the auspices of the Cuban Orphan Society. She now has a hospital and training-school, the pupils of which are chosen from among the older orphan girls. Another graduate, Miss Turner, is head nurse in the Yellow-Fever Hospital in Havana. Last November Miss O'Donnell, of the Mercedes Hospital, sent for three graduates to take charge of a new operating-room and two new wards which have been added to her large hospital.

"We receive good reports of those of our graduates who are still in the Philippines. The calls for private nurses last year were seven hundred and ninety-eight. Calls to fill hospital places were twenty-seven. The principal ones Miss Brennan was able to supply. Miss McCarty, who had been night superintendent for over a year, left here in September to take charge of St. Joseph's Hospital in Syracuse. Miss Huffcut took Miss Newberry's place as superintendent of the Women's and Children's Hospital in San Francisco. Miss Woodworth has gone to the new hospital in Albany, and Miss Aldrich to Saratoga."

The rooms of the nurses' home were prettily decorated for the occasion, and the graduates all wore wash-dresses of blue and white stripes, with white aprons and caps. Their names are:

Mary Dougherty, Margaret Leary, Bertha Hammerle, Mary Pendexter, Frances Schrubbe, Emily Jamison, Helen Sears, Iowa Benson, Susan Colston, Julia Gerrity, Nora Brown, Elizabeth Wilkinson, Frances Archibald, Lillian Gillett, Frances Tinley, Jessie Freamer, Jennie Smith, Lotabel Jewell, Catherine Burke, Winifred Allen.

After the ceremonies were over a reception was held, and then followed dancing. Supper was served at midnight.

A CLASS has recently been formed in elementary physiological chemistry taught by Miss Jessie Dorman, a graduate of Vassar in 1891 and of Pratt's Institute, Brooklyn, to be held weekly at the Visiting Nurses' Settlement in Orange Valley.

The class is limited to twelve. It is open to residents at the settlement, to five pupil nurses who have shown marked ability in class work and who desire this as an elective course, and to graduate nurses.

The course is as follows:

1. Introduction to study of physiological chemistry.
2. Carbohydrates, fats, and proteids.
3. Foods, composition and preparation.
4. Salivary and peptic digestion.
5. Intestinal digestion.
6. The blood.
7. The urine.
8. —.
9. Laboratory work in the detection of proximate principles.
10. Review and examinations.

For a few years reports of managers of asylums for the insane have generally agreed that insanity is on the increase in this country, the feverish character of life being assigned as a potent cause. Only occasionally has it been suggested that the conclusions as to the increase were wrong, and that the larger number of insane found in public institutions indicated a more general resort to such institutions rather than an increase in the ratio of insane to population. Some support for this theory is found in a recent announcement by the Indiana Board of State Charities. The board thinks it "safe to say that insanity is not increasing proportionately in Indiana. Possibly, could we sift the poor-asylum population and verify our figures we should find that a less proportionate number of our population is insane than was the case twenty

years ago." From the most reliable statistics obtainable it is learned that the ratio of insane to the population in Indiana in 1880 was one in five hundred and sixty-five. No figures for 1890 are available, but in 1892 the ratio was stated to be approximately one to six hundred. In 1898 the ratio, based upon the population, estimated by the Bureau of Statistics, was thought to be one to six hundred and seventy-five. Taking the number that year (forty-three hundred) and using the population of 1900, the ratio would be one to five hundred and eighty-five. Using the figures tabulated in the office of the board, the ratio would be, according to the census of 1900, one to five hundred and fifty-eight. As explaining how lists of the insane are sometimes unduly swelled, the board says that feeble-minded or epileptic persons and those in a senile condition are often classified as insane, particularly by almshouse managers.

A COMMITTEE of five from the Bellevue Medical Board, New York City, has decided that the work of caring for patients in the alcoholic and insane wards of Bellevue Hospital is too great for one interne, and has assigned an interne to each of these wards. Mr. Kellar has made arrangements with the Manhattan State Hospital on Randall's Island whereby the latter will examine, in conjunction with Bellevue's physicians for the insane patients, as to their physical condition before they are transferred from Bellevue Hospital to the State Hospital. He says, "In this way the responsibility for bruises resulting from carelessness or violence can be fixed beyond a doubt."

On January 15 the following order was sent by the Commission of Charities to the superintendent of Bellevue Hospital:

"That on and after this date no alien or non-resident alleged to be insane in Bellevue Hospital shall be turned over to the Department of Outdoor Poor for transfer to the State Commission of Lunacy, but that the physician in charge of the pavilion for the insane in Bellevue Hospital shall notify the Central Office of the presence of any alien or non-resident in the pavilion, and the secretary of the Board of Public Charities shall communicate directly with the Commission in Lunacy, informing them of the detention of any alien or non-resident in the pavilion for the insane at Bellevue Hospital, and asking them to remove such alien or non-resident."

RUFUS B. TOBEY, chairman of the Board of Managers of the Floating Hospital, Boston, Massachusetts, recently announced the urgent need of money enough to buy a larger boat for a Floating Hospital, and to permit of its being fitted up not only as a model hospital, but as a school of research in children's diseases. His desires have been responded

to by the voluntary contribution of two thousand dollars. Already plans for the new boat are being drawn by James Stearns Lee. It will have all the wards above the water-line; it will provide a hospital-deck for permanent patients alone, where the space will be so divided that fewer cases will be in each ward, thus separating those who are the most dangerously ill from the others. Above there will be a deck for the day patients. All the various needs will be provided for. It is hoped to open the coming season of the Floating Hospital about the middle of June, and run until the middle of September. The new boat of the New York Floating Hospital was the gift of one woman and bears her name. This would seem to be a delightful example for any philanthropic person who wishes to do a great work. Fully forty thousand dollars will be needed to complete the new Floating Hospital.

CONSIDERABLE interest has been aroused among the nurses at the Hospital of the New York State Soldiers and Sailors' Home at Bath, New York, by a recent ruling of the State Controller that the nurses of all State institutions "must be graduates of a training-school," and the further ruling that "those now in service not having qualifications as stated must be replaced with those having such qualifications within three months from January 1."

Colonel Davidson, commandant, has protested against the enforcement of this rule in so far as it pertains to nurses now in the institution who are non-graduates and are legally appointed under a non-competitive examination, contending that the adoption of the rule is unfair, unjust, and illegal, and questioning the power of the Civil-Service Department to adopt such a rule. The question has been submitted to the Attorney-General for an opinion.

A NEW and valuable addition to the Samaritan Hospital, Troy, New York, and one which adds greatly to its facilities, is a nurses' home, the gift of Miss Mary L. Thurman, of Troy, whose charities for years have been most generous and who by this benefaction has graciously assisted a worthy institution.

The exercises which marked the transfer of the home to the Board of Directors of the hospital took place January 26, in the audience-room of the new home, more than one hundred persons being present. A brief religious service was conducted, hymns being sung and prayers said. The feature of the evening, however, was an address by Dr. E. D. Ferguson, chairman of the Executive Committee, which dwelt on hospital work, gave a brief history of hospital development, and an account of the noble work done by Fliedner, Florence Nightingale, and Elizabeth Fry.

THE old Kirk homestead, the scene of some of the most brilliant events in the social life of early Evanston, Illinois, will be made into a hospital, which is to be operated by the Sisters of Charity connected with the St. Nicholas Catholic Church.

The property was transferred for a consideration of thirty-five thousand dollars, and the work of improvement will be begun at once. The only other hospital in Evanston is situated at the north end, and as the new institution is at the extreme south end it will fill a want that the residents have felt for many years.

When Evanston was made an educational centre by the Methodists James S. Kirk erected, at a cost of twenty-five thousand dollars, the fine house that will now become a hospital.

PROFESSOR JAMES E. RUSSELL, dean of the Teachers' College, Columbia University, says that the report of his acceptance of a position in the University of California was quite erroneous. He has no intention of leaving Teachers' College at present. Said he: "The report no doubt arose from the fact that this coming July I shall deliver at the summer school of the University of California a course of lectures on 'School Administration in Foreign Countries,' for example, France and Germany, as compared with that in our own. This course will occupy a considerable part of the summer. I shall not leave Columbia, however."

THE Mercer County Medical Society, of Trenton, New Jersey, has prepared a bill, which will be introduced by Senator Hutchinson this week, providing for the establishment of a sanatorium for persons afflicted with consumption. An appropriation of fifty thousand dollars for that purpose will be asked from the State. The bill specifies that no person shall be refused admission to the sanatorium because of his inability to pay.

The measure is the outcome of an agitation by the Trenton Board of Health of the question of protection against the spread of tuberculosis in healthy communities.

DR. MARY WOLFE has been appointed resident physician in charge of the Woman's Department of the State Hospital at Norristown, Pennsylvania. Dr. Wolfe graduated from Bucknell Institute in 1891 and from Bucknell University in 1896, receiving the degree of A.B. She graduated from Michigan University Medical School in 1899. She received the degree of A.M. from Bucknell University in 1900.

At a recent meeting of the Woman's Hospital in the State of New York it was announced that Mrs. Frederick F. Thompson had offered to build a nurses' home in connection with the hospital, the home to cost from one hundred thousand dollars to one hundred and fifty thousand dollars, and to be erected on the hospital grounds. This gift is in addition to fifty-five thousand dollars given early in the year.

ON December 27 St. John's Hospital Training-School for Nurses, Brooklyn, New York, graduated a class of three nurses. This is the third class the school has graduated, and these three young women have completed the three years now required by the school. At the close of the graduating exercises a reception was held.

THE Rhode Island Hospital, Providence, Rhode Island, needs more money, and a committee of the Board of Trustees, consisting of R. I. Gammell, Isaac C. Bates, and C. A. Nightingale, has issued an appeal to the public, hoping that many citizens will sign their names to shares in the guarantee fund of the hospital for the current year.

WORK on the Delaware Hospital, Wilmington, Delaware, is progressing. It is expected that the new building will be ready for use about the first of April. By that time the managers would be glad to have the institution free from debt. Twenty thousand dollars have been subscribed, and fifteen thousand dollars more are needed.

MISS MARGARET M. WALLACE, a graduate of the Rochester Homoeopathic Hospital, has recently been appointed superintendent of nurses at the Memorial Hospital, Brooklyn, New York.

A TRAINING-SCHOOL FOR NURSES has been organized in connection with St. Peter's Hospital, Albany, New York. The course will be two years, and there are twelve nurses in the school.

THE Woman's Medical College of Toronto, Ontario, is to have a hospital in which all the operations shall be performed by women surgeons, and the residents will also be women.

MISS MARY H. HEWIT has been appointed assistant superintendent of nurses at the Boston Hospital for the Insane. Her duties commenced January 25.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON

NATIONAL COUNCIL OF WOMEN

THE committee is in receipt of a letter from the president, Mrs. Fannie Humphreys Gaffney, announcing that the National Council of Women, through its Board of Officers, bids the American Federation of Graduate Nurses welcome, and admits the association to membership at once.

It is hoped that many items concerning the Council and its work will appear in the JOURNAL from time to time.

NEW YORK ASSOCIATIONS UNITE

THE Alumnæ Associations of Bellevue, New York, Post-Graduate, Presbyterian, Roosevelt, and St. Luke's have united in forming a programme of study for the months of February and March. On Wednesday, February 6, an interesting clinic was given by Dr. Elliot at the Presbyterian Hospital. On February 13 the members met at St. Luke's Hospital, and on February 20 at the residence of the St. Luke's graduates, 154 West Forty-fifth Street, at three-thirty P.M. On February 27 they met at the Post-Graduate Club, 143 East Thirty-fifth Street, at two P.M. A visit to municipal institutions had been arranged for that day.

BELLEVUE ALUMNÆ ASSOCIATION

THIS Association held its annual business meeting on January 17. The officers elected for 1901 are: Miss Annie Schenck, president; Miss L. L. Dock, vice-president; Miss E. M. Reading, second vice-president; Miss May Bohling, treasurer, and Miss Lida Perkins, secretary. The secretary in her report gave the membership at one hundred and forty-seven. This annual report tells of the organization of an Alumnæ Association of the Woman's and Child's Hospital at San Francisco by Miss Huffcut, the superintendent. This is the first of its kind west of the Rockies. Miss Huffcut is to be congratulated, as she reports it to be in a flourishing condition. Miss Huffcut had been elected secretary of her

own alumnae for 1900, but was obliged, greatly to the regret of the members, to resign in order to take her present position. Miss Betts and Miss Tackel are still in the Philippines. Miss Gertrude Moore is engaged in organizing a hospital in Havana. Miss Turner is also in Havana. Miss Starr has given us several very interesting talks upon her experiences in the Philippines, and Miss MacVean upon her trip to South Africa, including her visit to Windsor and presentation to the Queen.

Though our club-house has not yet materialized, we still have hope. Some money is in hand that could be devoted to the furnishing and more is promised for the same purpose. What we need to start the ball rolling is a smart, capable woman of business ability, with a certain number of nurses to assist her by pledging their support for one or two years. Were it once started we feel sure there would be no difficulty in making the club a success. Sixteen new members have been added to the roll during the year, but there are many more who should be in, and we propose this year to make an effort to reach as many as we can, to show them that it is a benefit to the individual as well as to the Association, and the only way to keep up an interest in one's work.

BROOKLYN HOMŒOPATHIC ALUMNÆ

THE Alumnae Association of the Brooklyn Homœopathic Hospital Training-School for Nurses, at their regular meeting, held January 9, 1901, elected Miss Anna Park, of 363 Grand Avenue, Brooklyn, as their representative to the convention of the Associated Alumnae to be held in Buffalo, New York, next September, Miss Walker and Miss McLure acting as substitutes.

THE POST-GRADUATE

THE Post-Graduate Alumnae held its stated meeting on Tuesday, February 6, at three-thirty P.M., at the club. Six applicants were considered and admitted to membership. A donation for the sick fund was announced, and the delegate to the State organization meeting to be held at Albany was elected. The next stated meeting is to be held the first Tuesday in March.

MISS ISABEL McISAAC, president and chairman of the Congress of Nurses, wishes the announcement to be made that all nurses, whether they are members of an alumnae association or not, are asked to partici-

pate in this Congress. Every kind of an organization of nurses may send a delegate, and individual nurses who are not members of any organization are cordially invited to attend the meetings, which are to be held in Buffalo during the week commencing September 16, 1901.

THE committee appointed to take the initiatory steps towards forming a New York State organization of nurses is preparing to call a meeting in March. Due notice of this meeting will be sent by mail to the schools and societies that the committee has succeeded in reaching.

SYLVEEN V. NYE,
Chairman.

OPENINGS FOR NURSES *

As the ranks of the nursing profession are filled constantly with new recruits from the many training-schools scattered over the land, the question of employment for them becomes one of pressing importance.

Private nursing is the goal of most of these, and probably will always occupy the larger number, and it is to its development and extension that we must look for occupation for the majority of trained nurses.

The time is fast coming when we shall have to readjust our ideas as to the remuneration of nursing service, which at present places the employment of a private trained nurse beyond the means of any but the comparatively wealthy in the community. Twenty or twenty-five dollars is more than the average bread-winner earns in a week, and it is manifestly out of the question for him or her to pay this sum for a nurse when illness incapacitates him for earning anything at all.

Large cities usually have an oversupply of nurses. There is a better opening for the newly graduated nurse in the country town, where the field is not as fully occupied.

If she has no connections in a place like this, she should obtain introductions from one of the hospital physicians, or some other medical man who can certify to her good work, and with these visit the doctors of the town she has selected and ask them for work. She may have to wait for a time for an opportunity, but if she is skilful and trustworthy, she will eventually build up a remunerative practice. This is essentially true if she will devote herself to obstetric cases, as there is always a demand for the services of a thoroughly satisfactory obstetric nurse.

* Read by Elizabeth Robinson Seovil before the Third Annual Convention of the Nurses' Associated Alumnae of the United States, held at New York, May 3, 4, and 5, 1900.

If a woman wishes to remain in a large city, she may take up what has been called co-operative nursing and become a visiting nurse.

There are people living in apartments, or staying at hotels, or even in their own homes, when the means are limited, who do not require, or cannot afford, the exclusive attention of a nurse. There are special services, such as douching, catheterizing, attending to surgical dressings, giving sponge-baths or medicated baths, attendance during an operation, which require only a stated time for their performance. Many persons are glad to be able to obtain a nurse for the limited time required without being obliged to board and lodge her during the hours when she is not needed in order to have her at hand when she is. This system is particularly suited to the care of chronic invalids, who require skilled service for a short time only each day. The prices charged by one visiting nurse are as follows: Obstetrical cases, six hours or less, three dollars; surgical and obstetrical dressings, twice daily, ten dollars per week; general cases, one dollar per hour.

Cards having the prices charged with the nurse's name and address should be distributed to the doctors, placed in drug-stores, hotels, and boarding-houses, and brought before the public in any other way the nurse can devise.

It is only necessary to mention briefly the ordinary openings for the graduate nurse.

District Nursing, in which the pay is about fifty dollars per month, or thirty dollars with board and lodging included.

Hospital Service in various departments which commands salaries as varied as the service rendered, from superintending hospitals and training-schools to the headship of a ward. Service in asylums and sanatoriums may be grouped under this head. It is treated at length in papers following.

Infirmary Work. Many large private schools and some colleges have infirmaries attached to them with a trained nurse in charge who cares for the ordinary cases of illness among the students and has assistants in time of need. These positions are particularly desirable, because the long vacations give an opportunity for recuperation, or, if the nurse desires, for further work in her profession, or for additional hospital work, to keep herself abreast of the times.

Office Work. Many physicians and surgeons and a few dental surgeons employ trained nurses in their offices in the preparation of patients for examination, for minor operations, and for the administration of anæsthetics, and to keep the instruments in the perfect order that is essential to their usefulness. This service is usually well paid. A knowledge of stenography and typewriting is very useful, as the nurse

is often required to write letters from dictation. If she can add book-keeping to this, she increases the likelihood of obtaining a good position.

Private Hospitals. If a nurse has a little capital, and is a woman of executive ability, she may find her opening in the establishment of a private hospital.

Many persons who are able to pay for treatment dislike the restrictions of a public hospital, and physicians and surgeons who are not attached to a hospital staff are often glad to have a place where they can send their patients and have them under hospital care while retaining the treatment in their own hands. The good-will of a number of the medical faculty is necessary to the success of the undertaking, as the patients must come through them.

The nurse in charge is responsible for the rent and furnishing of the house, for all the running expenses, service, and ordinary nursing. Patients pay the extra fees of a special nurse when exclusive service is needed, and for medicine, stimulants, and the washing of body linen. The charge is usually from twenty dollars to fifty dollars per week, according to the size and location of the rooms occupied. A large house is indispensable.

It would seem that an obstetric hospital conducted on these lines should be a success. Great care would have to be exercised that none but irreproachable cases, sent in by reputable physicians, were admitted, that no stigma could possibly be attached to the patients using it.

In a large city a private hospital for contagious diseases, authorized by the Board of Health, might be a success. The hardship is sometimes very great when patients are removed from their homes to the public hospital for cases of contagion.

A nurse who is familiar with the work and methods of the best hospitals for the care of the insane might make a private sanatorium for those cases a great success.

A home for the reception of persons suffering from nervous prostration and allied nervous diseases would supply a want in some cities. Doctors would be glad to send their patients where they would have rest, suitable occupation,—sometimes as essential,—therapeutic baths, electricity, massage, or whatever treatment was prescribed away from the care and worry inevitable in the home life and equally far from the depressing influence of a body of nervous sufferers such as is met with in the larger sanatoriums.

A private hospital for children might be made successful when the field is large enough to insure a sufficient number of patients, and if under the auspices of an eminent surgeon would seldom be empty.

A hospital for chronic invalids, such cases as are either not re-

ceived into a general hospital or not retained there, would be remunerative when once it was fairly established. The occupants would remain for longer periods than acute cases, and there would be an element of stability and permanence about it which would render the financial question a less difficult problem to solve.

Food is coming more and more into prominence in the treatment of disease. The trained nurse who applies herself to the study of dietetics will find that there is an opening for her in this twentieth century upon which we are about to enter.

She may have charge of the diet kitchen in a hospital, where her personal knowledge of the dietary necessary for different forms of diseases would render her invaluable in training the nurses in this branch of the work.

As has been already done in one or two cases, she might open a little shop where suitable and palatable food, broths, koumiss, gruels, chicken and beef jellies, light puddings, etc., could be obtained for invalids. To this she might add the preparation of sterilized milk and foods for infants, which would be welcome in many nurseries.

Patients suffering from diabetes, Bright's disease, or kindred disorders, or who for any reason were ordered a special diet by their physicians, would often be glad to send to a place where it could be prepared for them without disturbing the economy of their own kitchen or interfering with the convenience of the autocrat who reigns there. Mothers about to take young children on a long journey by land or sea would like to be able to order the thrice sterilized milk which would keep unspoil until they reached their destination.

When nurses graduate from a training-school and take up private work they often find difficulty in procuring caps, aprons, neckerchiefs, and uniforms suited to their requirements. They have little time for sewing and less time for shopping, and the materials they need are not always easy to obtain. A shop for the sale of these things, managed by a nurse familiar with the requirements of nurses, would be a profitable opening for a nurse who for any reason was unable to do the more active work of her profession. She might add to this the preparation of bandages and surgical dressings, obstetrical pads and napkins, infants' napkins and sanitary squares, sanitary towels, oakum pads for cases where there is incontinence of urine, sheepskin pads for the prevention of bedsores, rings for the support of heels and elbows of bedridden patients, who are without the attendance of a trained nurse, to keep the parts in good condition.

The nurse who engages in one of these business enterprises must conduct it in a business-like manner, or failure is certain. Some knowledge of bookkeeping is desirable, but whether she possesses this or not

the exact balancing of income and outgo is not to be dispensed with. The utmost promptitude in meeting engagements, the exact fulfilment of every contract, fair and just dealing with all who are brought into business relations with her, are indispensable to success.

Florence Nightingale remarked to me last summer that it had been said to her that, as she had founded trained nursing, so she must now reform it.

Is it true that we nurses as a body have lost something of that spirit of self-devotion to the needs of others which was the mainspring of our order in its beginning?

Do we think too much of our rights and too little of our duties?

Is service no longer the motive of our lives?

All about us is suffering humanity; we have been trained, we believe, in the best ways of alleviating that portion of the suffering that comes from disease or injury to the mortal body that is heir to pain.

Do we consecrate all our powers to this object?

When a nurse says either to herself or to others, "It is not my place to do such and such a thing for my patient," she at once falls below the high standard of our profession.

Whatever in the smallest degree can conduce to the comfort and well-being of the sick in her care, that it is not only her "place," but her bounden duty, to do without thought of self.

The nurse owes to the community the same faithful service that is given to it by the conscientious physician. It is by this earnest devotion to duty that we must raise our calling in the eyes of the world. Better far than any claim that we can make for it will be its own claim to respect when a trained nurse is a synonym for absolute faithfulness and perfect self-forgetfulness.

It is for us older nurses who have borne the burden of the years that have moulded our calling into a profession to hold up this high ideal to the younger women who are entering upon the work.

There is no lack of enthusiasm, as is shown by the response when war called for the services of nurses in the field. Cuba and South Africa have seen something of the same brave spirit that shone on the battle-fields of the Crimea. In every-day life, in the training-school and the sick-room, this enthusiasm is latent; it is our part to rouse and guide it aright.

Is there not an opening for nurses in a return to these earlier ideals? In a crucifixion of that mercenary spirit that asks "How much money will this case bring in?" "What will it mean in material advancement?" and substitutes for it that of Him who came not to be ministered unto, but to minister, and who said, "I am among you as one who serveth"?

FOREIGN NEWS

IN CHARGE OF

LAVINIA L. DOCK

ORGANIZATION NOTES

THE NATIONAL LEAGUE OF CERTIFICATED NURSES OF GREAT BRITAIN AND IRELAND

We would like to call the attention of our organized nurses especially to the movement now going on in England, fostered by the Matrons' Council, for laying the foundations of a general union of nurses' organizations. The general plan and purposes are very similar to those of our Associated Alumnae. Local self-governing groups of nurses are to send their delegates to a central national body, which may thus, in time, represent the entire nursing profession, and affiliation with the Matrons' Council is looked for, just as we have affiliated in this country with the Superintendents' Society.

We cannot doubt that this is the strongest possible way in which to organize ourselves if we wish ever to make our united influence felt,—local self-government and independence, friendly co-operation and federation with other local bodies, and international union. Already the British Islands have two groups of over four hundred members each ready to combine,—St. Bartholomew's League, corresponding to our Alumnae Associations, and the Dublin Nurses' Club, corresponding to our general associations. The Constitution of the English National society is given as follows:

ARTICLE I.—NAME.

The name of this association shall be "The National League of Certificated Nurses of Great Britain and Ireland."

ARTICLE II.—OBJECTS.

The objects of the National League shall be:

1. To establish and maintain a Code of Ethics.
2. To elevate the standard of nursing education.
3. To promote the usefulness and honor, the financial and other interests of the nursing profession.

ARTICLE III.—ELIGIBILITY.

Associations of nurses having the following qualifications shall be eligible for affiliation with the National League:

1. Associations composed of graduates of schools of nursing connected with general hospitals of not less than fifty beds, giving three years' full training in the wards of the hospital and certification after examination.
2. Associations composed of graduates of schools of nursing connected with Poor Law infirmaries of not less than two hundred beds, giving three years' full training in the wards of the infirmary and certification after examination, and whose training-schools are recognized by the Local Government Board.
3. Professional associations of nurses, formed for the benefit of nurses, the members of which hold the qualifications of training as defined above.

ARTICLE IV.—MEMBERSHIP.

Membership of the National League shall be confined to trained nurses as defined above, and divided into members, active members, and honorary members. Members shall consist of all members of the affiliated associations. Active members shall consist of delegates duly elected to represent these associations on the Grand Council of the National League, and shall include all honorary officers of the National League. Honorary members shall consist only of nurses who have rendered distinguished service to the nursing profession.

ARTICLE V.—OFFICERS.

The honorary officers of the National League shall be a president, first and second vice-presidents, secretary and treasurer, who shall be ex-officio members of all committees.

ARTICLE VI.—GOVERNMENT.

Grand Council.

1. The National League shall be governed by a Grand Council composed of duly appointed delegates from affiliated associations and the honorary officers.

2. Societies affiliated to the National League shall have the right to representation by delegation on the Grand Council as follows: Each association of under a hundred members shall have the right to depute one delegate; over one hundred, and up to three hundred members, two delegates; and over three hundred members, three delegates, after which there shall be no increase of representation.

3. The Grand Council shall meet annually for the transaction of business, when the honorary officers, who shall form the Executive Committee, shall be elected.

Executive Committee.

The Executive Committee shall be composed of the honorary officers. It shall meet from time to time for the transaction of business, and shall report annually to the Grand Council.

ARTICLE VII.—CODE OF ETHICS.

The Code of Ethics of the National League shall be binding upon all members.

ARTICLE VIII.—AMENDMENTS.

No addition or amendment shall be made to the Constitution at an annual meeting unless such addition or amendment be formally proposed and seconded by members of the National League at the said meeting, nor unless notice shall have been given in writing to the secretary of the full text of the proposed resolution by registered letter at least three weeks previously for insertion upon the Agenda of the said meeting. Such addition or amendment must be carried by a majority vote of two-thirds of those present at the meeting.

DUBLIN METROPOLITAN TECHNICAL SCHOOL FOR NURSES.

THE annual meeting of the governing body of the above school was held last week, Mr. Ball presiding. The annual report showed that fifty-one candidates from the different coöperating hospitals were sent up for examination in general education. Dr. E. McDowel Cosgrave delivered seventeen lectures on anatomy, physiology, and hygiene, and three demonstrations in invalid cookery were given at the National Training-School, Kildare Street. There were one

thousand one hundred and seventy attendances at the lectures. The highest number of marks were gained by Miss Carrothers, of Sir Patrick Dun's Hospital, to whom a silver medal was awarded. Miss Hessian, of the Richmond Hospital, gained the bronze medal.

THE "NURSING RECORD" PEEPS INTO FUTURITY

OUR English contemporary, the *Nursing Record*, has a helpful custom of giving at the end of the year a résumé of nursing history and progress up to date. Its summary for the past year in the issue of December 29 is especially full and valuable for reference, beginning with the reform movements initiated by Mrs. Fry, the Flidners, St. John's House, and Florence Nightingale, giving all the important data from that time down to the present day, including the movements towards organization, the army nursing agitation, educational advances, and work of special distinction done by individuals, and concluding with a "Peep into Futurity," which we would like to quote in full, did not lack of space forbid more than the following brief extract:

A PEEP INTO FUTURITY.

"What will the new century bring us? May we venture upon a forecast? In the first place, it requires no prophet to tell us that there will be a great consolidation of our forces. The great International Nursing Congress at Buffalo next year, to which many of us are looking forward, cannot fail to impress upon those who take part in it the many interests which nurses of all lands have in common with one another, and to strengthen the bonds of fellowship which already unite us. We believe that the new century will be remarkable for progress in the more efficient education of nurses, and we look forward, first of all, to political enfranchisement for women, because we are becoming increasingly doubtful whether any profession of women, our own included, will make much headway until we have obtained this fundamental basis of freedom.

"And then what vistas open up before us! Our own profession will be recruited from the ranks of women inspired with a sense of their responsibility to the State and of their duty as law-makers as well as law-keepers. With this power will surely come to nurses the desire for the best form of professional education, and we shall see order arising out of chaos, symmetry evolving from confusion. A minimum curriculum of education will be laid down, and we foresee that the probationer of the future, in common with the aspirants for all other professions, will have to produce evidence of general education from some examining educational body. Then only will she be eligible for preliminary training for her chosen work in the *College of Nursing* which will then exist, not only in dreams, but in solid masonry. Its class-rooms will be hives of busy industry, where sweet-voiced professors of the science of nursing, whose experience has been gained by practical work, will lecture.

"If the embryo probationer succeeds in satisfactorily passing through this preliminary training, then she will pass on to her practical work in the hospital ward. Her examination prior to obtaining its coveted diploma of nursing will also be conducted by examiners appointed by the college, and without this diploma no one will be recognized by the State as a trained nurse. . . . And is it not possible that the College of Nursing will not only be an educational centre to nurses during their undergraduate career, but that classes will also be arranged for graduate nurses, so that they may perfect themselves in the special branches of their profession and so gradually add to their qualifications?"

The article closes with a plea for the extension of normal-school methods in the education of would-be nursing teachers, and the whole ideal, though pitched high, is not more difficult of realization than what has actually been done in the past hundred years.

THE sixty-third yearly report of Kaiserswerth, the venerable mother-house of modern nursing, sent to us by the kindness of Pastor Zoellner, contains a deeply interesting account of the celebration of the one hundredth birthday of Pastor Theodore Fliedner on January 21, just one year ago. Although invitations to the anniversary festival were limited to the deaconess establishments and affiliated institutions founded by Fliedner and to the old friends who were left of his first Sisters and teachers, the memorials were widely alluded to throughout Germany in the press and pulpit, and, best of all, the means necessary to build and maintain a home hospital for the sick and worn-out Sisters were given as a tribute to the labors of these self-denying women. Only one criticism we make as to the reports of the Kaiserswerth work,—little or nothing is ever said as to the part taken by *Mother* Fliedner. When will her biographer arise to do her full honor?

LETTERS

FROM OUR CORRESPONDENT IN ITALY

(Continued from January number)

OSPEDALE CLINICO, NAPLES.

Perhaps you will realize what is required of me when I tell you that no nurse is allowed to remain in the four wards unless I am walking the hospital and making myself as ubiquitous as possible. If I go upstairs to lunch or to rest for more than a few minutes, I must collect my flock, no matter what they are doing, and take them with me. . . . The nurses leave the hospital between two and three P.M. and return to their homes. After they are gone I spend the afternoon and evening in writing up all the notes of the day's lecture for them to copy. Though my pupils are fully up to the standard of the average English girl, they are too inexperienced to take down correctly the scientific and technical lectures, and this is better than revising all their written notes would be.

I wrote out at the beginning of the year a programme of the subjects I considered necessary for nurses, copied from my J. H. H. notes. The chief, whose ideas on nursing matters do not differ greatly from those prevalent in English hospitals, agreed with me. The lecturers, however, enlarged a good deal on theory and technicality. In the course of the year they have realized that we need simple facts.

I put my nurses into uniform in February. The material is rough gingham, striped blue and white, with turn-down collars, high white aprons, and hem-stitched half-sleeves. Caps would have been against the ideas of propriety here, and I did not suggest them. With regard to ward work: during the first few months I was obliged, not having any graduates, to leave three out of the four wards to the servants and give my practical lessons in the fourth. After six months' training I was able to put the nurses in charge of the wards, always under my direct surveillance, of course, and the results have been such that the ward doctors are fully persuaded of the value of our institution.

GRACE BAXTER
(Johns Hopkins Hospital).

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"If the embryo probationer succeeds in satisfactorily passing through this preliminary training, then she will pass on to her practical work in the hospital ward. Her examination prior to obtaining its coveted diploma of nursing will also be conducted by examiners appointed by the college, and without this diploma no one will be recognized by the State as a trained nurse. . . . And is it not possible that the College of Nursing will not only be an educational centre to nurses during their undergraduate career, but that classes will also be arranged for graduate nurses, so that they may perfect themselves in the special branches of their profession and so gradually add to their qualifications?"

The article closes with a plea for the extension of normal-school methods in the education of would-be nursing teachers, and the whole ideal, though pitched high, is not more difficult of realization than what has actually been done in the past hundred years.

THE sixty-third yearly report of Kaiserswerth, the venerable mother-house of modern nursing, sent to us by the kindness of Pastor Zoellner, contains a deeply interesting account of the celebration of the one hundredth birthday of Pastor Theodore Fliedner on January 21, just one year ago. Although invitations to the anniversary festival were limited to the deaconess establishments and affiliated institutions founded by Fliedner and to the old friends who were left of his first Sisters and teachers, the memorials were widely alluded to throughout Germany in the press and pulpit, and, best of all, the means necessary to build and maintain a home hospital for the sick and worn-out Sisters were given as a tribute to the labors of these self-denying women. Only one criticism we make as to the reports of the Kaiserswerth work,—little or nothing is ever said as to the part taken by *Mother* Fliedner. When will her biographer arise to do her full honor?

LETTERS

FROM OUR CORRESPONDENT IN ITALY

(Continued from January number)

OSPEDALE CLINICO, NAPLES.

Perhaps you will realize what is required of me when I tell you that no nurse is allowed to remain in the four wards unless I am walking the hospital and making myself as ubiquitous as possible. If I go upstairs to lunch or to rest for more than a few minutes, I must collect my flock, no matter what they are doing, and take them with me. . . . The nurses leave the hospital between two and three P.M. and return to their homes. After they are gone I spend the afternoon and evening in writing up all the notes of the day's lecture for them to copy. Though my pupils are fully up to the standard of the average English girl, they are too inexperienced to take down correctly the scientific and technical lectures, and this is better than revising all their written notes would be.

I wrote out at the beginning of the year a programme of the subjects I considered necessary for nurses, copied from my J. H. H. notes. The chief, whose ideas on nursing matters do not differ greatly from those prevalent in English hospitals, agreed with me. The lecturers, however, enlarged a good deal on theory and technicality. In the course of the year they have realized that we need simple facts.

I put my nurses into uniform in February. The material is rough gingham, striped blue and white, with turn-down collars, high white aprons, and hem-stitched half-sleeves. Caps would have been against the ideas of propriety here, and I did not suggest them. With regard to ward work: during the first few months I was obliged, not having any graduates, to leave three out of the four wards to the servants and give my practical lessons in the fourth. After six months' training I was able to put the nurses in charge of the wards, always under my direct surveillance, of course, and the results have been such that the ward doctors are fully persuaded of the value of our institution.

GRACE BAXTER
(Johns Hopkins Hospital).

FROM EGYPT

ASSIOUT, EGYPT, December 3, 1900.

... I am on the point of building "air-castles," now that we see a new hospital really stones, bricks, and mortar. I can believe that even a training-school may be possible.

We have a general fund, but anything sent as a "special" for any part of the work is not put into the fund, but goes directly to the "special." Our home board agrees to supply the means for carrying on the work reported to them and the missionaries' salaries, but often there is a great demand for money that is denied us on account of poor collections at home. We paid for a piece of land on which to build our new hospital now in course of erection six hundred pounds, or three thousand dollars, and it was all collected from Egypt, most of it from our native Protestant and some Mohammedan friends, and a small part from tourists, English and American. . . .

We are treating patients in the old house which we rented when I first came in 1896—scores, and, yes, hundreds of various diseases, eyes especially. Numerous cases of eyes come to us nearly hopeless, caused by delay on the part of their superstitious friends, but we see a difference now. They are afraid to postpone treatment when they have once seen those who have been to us. We have patients from many different towns along the Nile, and they carry the news to others, who in turn come. We charge whenever we can get any money, but a great deal is freely done for the many poor. The rich ones give now and then, thus encouraging us very much. . . .

E. DORCAS LEAS.

[Miss Leas is a graduate of New Haven Hospital Training-School, and has been several years in Egypt, doing hospital work under the American Mission.]

THE CLEMENTINA HOSPITAL

HANOVER, GERMANY.

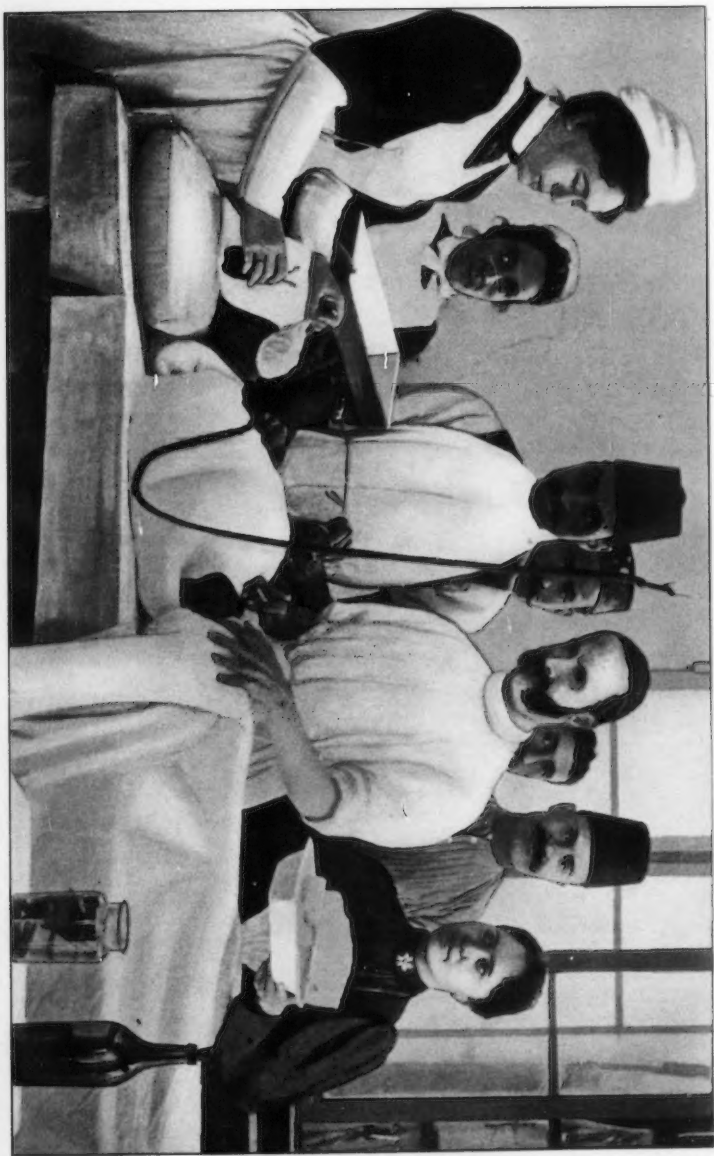
The Clementina Hospital, of Hanover, was started twenty-five years ago by a lady who in private life was known as Fräulein Lutzerode, with one small house, two assistant nurses, and three beds for private patients. They now have a pleasant and rather pretentious brick building four stories high with large gardens surrounding it, and can accommodate from fifty to sixty patients.

There are over fifty hospitals and "stations" of the Order of the Red Cross in Germany, of which this is the parent house, and Fräulein Lutzerode, or "Frau Oberin," is what her title suggests—the Mother Superior of all. There are one hundred and twenty-three nurses belonging to the order, thirteen only remaining in the hospital in Hanover at the present time. Young women and widows from twenty to forty years of age, from both high and middle classes, are accepted on probation.

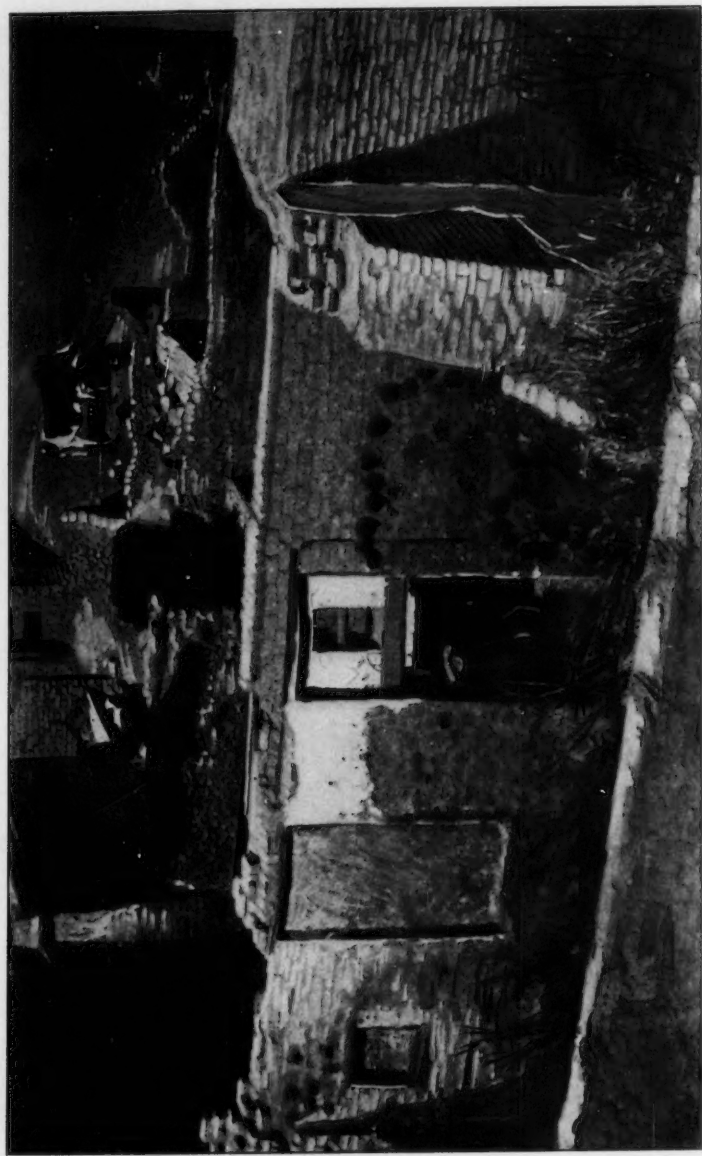
None who have been servants are admitted; none with young children. All must have had a good ordinary education.

Though distinctly a religious order,—Protestant Lutheran,—four or five Catholic Sisters have been accepted from time to time, their admission being allowed by the laws governing the order.

Probationers must take to the hospital two dark-blue cotton dresses, one alpaca dress, plain underclothing, low-heeled boots that do not "creak," and



AMERICAN MISSION HOSPITAL OPERATING-ROOM, ASSIOUT, EGYPT



VIEW FROM HOSPITAL WINDOWS, ASSICOT, EGYPT

black gloves. They must also pay one hundred marks (twenty-five dollars) when they enter.

For eighteen marks (four dollars and fifty cents) the material for all three dresses and patterns for making the same are supplied by the Frau Oberin. This is returned to them in value in the form of a pin at the end of the first year,—if accepted,—and a large silver cross with a red cross in the centre at the end of five years. One year is the end of their probation.

If at the end of that time they are for any reason not acceptable to the Frau Oberin, she can dismiss them without the knowledge or sanction of the Board of Managers. Nurses so dismissed forfeit their one hundred marks.

The names of those who have met her approbation are offered to the board and are formally accepted as Sisters. Then they are given the pin and fluted cap of the order.

It sometimes happens that at the end of five years the Mother Superior may consider a Sister not worthy of receiving the cross. In that case she must wait another year, or even two years, as happened in one instance.

The Sisters are given four weeks annually, when they go home, and during that time they need not wear their uniform.

If they have no home, or friends whom they wish to visit, there is a station in the Hartz Mountains where they may go, and they are allowed a certain sum of money for their board.

In rare instances a Sister is allowed to go home if a member of her immediate family should be very ill. Eight weeks is the limit of such a visit annually, yet a case was cited where a Sister was given two years' leave of absence, owing to the chronic illness of the mother, whose only helper was a younger daughter, who had not finished her education. Rather than sacrifice the younger child, the nurse was allowed to take her place. It is the only instance of the kind, however.

Accepted nurses are supposed to remain always under the Mother Superior and the rigid rules of the order. But should a Sister wish to leave for good and sufficient reasons, the Frau Oberin can release her. She must then return the pin, cross, and uniforms, and if she desires it she will be given a testimonial of her standing and character in the order. Otherwise the Sisters remain all their lives. For those who become too old to work or worn out there is a pension and home, where they may stay as long as they live.

Probationers who enter after forty years of age cannot receive the pension or receive the benefits of the Invalids' Home.

The training is entirely practical, and is given in the wards by the Frau Oberin's assistants. A few lectures were at one time given by the resident physician, but they were shortly abandoned, so now neither studies nor examinations are required.

There are medical and surgical wards for men and women, rooms for private patients, a ward for children, two operating-rooms, and a dispensary, where the sick poor are treated free of charge.

No contagious or obstetrical patients are admitted.

A nurse has about three months' training in each of the different departments.

She has the opportunity of seeing various methods of treatment, as the patients are largely sent by the doctors of the city and are treated by them there. In connection with the dispensary, there is a drug department. This is also the nurses' province: they are their own pharmacists, and prepare all drugs used in the hospital.

Sisters are supplied with uniforms, caps, and underclothing.

Boots, gloves, soap, hair-pins, and similar necessities they must buy out of an allowance of eight marks (two dollars) per month.

They are sometimes sent out on private duty, but are subject to recall by the Frau Oberin should the needs of the hospital demand it. Twice a week such nurses must report personally to the Mother Superior, and should the patient or the family doctor demand things that it is not customary for them to do, they are not allowed to refuse or agree to the point, but must report the facts immediately by letter to the Frau Oberin, who deals with them herself. No charges are made for outside work. It is understood by such patients, however, that they are expected to give whatever they consider the Sisters' services may be worth. Though it sometimes happens that a wealthy patient may give little or even nothing, it is not true of the majority of cases. Barring the thirty thousand marks (seven thousand five hundred dollars) the interest of which is used for the invalid Sisters, the hospital is quite dependent upon such gifts, and they have all they need.

Aside from nursing and pharmacy, some of the nurses have learned photography and develop their own Röntgen photographs.

The general cleaning of the hospital outside the wards,—washing dishes, etc.,—is done by the servants usually, but in case of necessity the Sisters would be called upon.

Several occupy one sleeping-room together, and this they are required to keep in order themselves. They rise at five-thirty A.M. in summer, six A.M. in winter. Twice a week or at longer intervals they take turns in "watching at night."

They have one hour daily for rest, and at nine P.M. their work must be finished. Attendance at morning and evening prayers is compulsory, also service in the little chapel on Sundays, unless occupied with the sick. Exercising in the fresh air for one hour is allowed daily during their hour of rest, but two hours a week they must spend out-of-doors.

Once in two months they are allowed to call on friends,—providing the Frau Oberin approves of the friends. They may also go to classical or sacred concerts.

Private correspondence is allowed only on Wednesday evenings. At the other hospitals and stations there is a Sister in charge, and all the other Sisters are subordinate to her, but all are subordinate to the Frau Oberin, and all matters of moment must be referred to her.

To lovers of beautiful old carved furniture, ancient silver, wonderful embroidery, etc., a visit to the Frau Oberin's private apartments would be a great treat. Upon entering her reception-room, one stops and exclaims in amazement and delight at the wealth of treasured bits that meet the eye so unexpectedly. One conjures up all sorts of mediæval stories as secret drawers are disclosed in most unexpected and unusual places. Doors of cabinets were opened showing still other drawers within, which are most beautifully carved or inlaid.

Outside, in the corridor of the wing occupied by the Frau Oberin and the nurses, the walls are literally lined with great carved chests almost black with age, fourteen in all, and several old cabinets equally old and beautiful. Very proud she is of these possessions, and rightly so, too.

Y. G. WATERS
(Johns Hopkins Hospital).

EDITOR'S MISCELLANY

THE PAN-AMERICAN EMERGENCY HOSPITAL

THE Pan-American Emergency Hospital is located on the west side of the Exposition Grounds, near the West Amherst gate, and west of the Service Building. It is T-shaped in plan, with the main front and entrance towards the north. The central portion of the building is two stories in height, and is occupied on the first floor by the main lobby, reception-room, and offices, while the second floor is divided into sleeping-apartments for the hospital corps.

The medical and surgical wards, also the office of the medical director and pharmacy, are in the east and west wings of the building. In the rear or south wing are the sterilizing- and operating-rooms, the kitchen and dining-room, the office of the house surgeon, and ambulance quarters.

The building is of frame construction, the inside walls and ceilings plastered, the exterior decorations being of stucco, while the roof is covered with imitation Spanish tile. The ambulance quarters are equipped for two ambulances of the automobile type.

From the Emergency Hospital the administration of the medical department will be directed by the medical director, Dr. Roswell Park, assisted by Dr. Vertner Kenerson.

In addition to the hospital building, there will be provided, as occasion may require, several Emergency Hospital tents located about the grounds, so that assistance may be given with the greatest possible promptness.

While the plan for engaging nurses has not been fully formulated, it is understood that graduate nurses will be engaged for one month or more at a nominal salary, board and lodging to be furnished at the Exposition Grounds. The hours of duty will be arranged so as to give them considerable time to themselves. This will enable them to see the Exposition under very favorable circumstances.

The usual duties pertaining to such positions will be assigned the superintendent of nurses. She will have direction of the selection of nurses and the regulation of their work. This will be of somewhat peculiar character, because of the situation and scope of the hospital, it being purely for emergency purposes. No case will be kept there longer than is required for their first aid and to enable them to be moved without danger to their lodging-places or to some other hospital. Nevertheless, a completely equipped operating- and dressing-room will be provided for all cases that need prompt surgical aid. Experience of previous expositions has shown the wisdom of—even the necessity for—such provisions. At least two automobile ambulances will be ready at an instant's notice to go to any part of the grounds. Stretchers and litters will also be provided. Complete telephone connections with all parts of the grounds will be established. In this way any emergency case can be speedily cared for. Between September 1 and February 1 over four hundred accident cases have been cared for in the temporary accommodations at present located in the Service Building, an average of nearly three a day. This shows the necessity of maintaining such a hospital department during the period of construction.

Graduates of training-schools in good standing desiring positions under the above conditions are invited to make applications to the "Superintendent of Nurses, Service Building, Pan-American Exposition Grounds, Buffalo, New York."

ADELLA WALTERS,
Superintendent of Nurses.

ST. BARNABAS GUILD.

THE St. Barnabas Guild, of Washington, D. C., scored a great social and financial triumph Friday evening, January 25, on the occasion of its Birthday Party, held in Epiphany Parish Room. Two hundred and fifty invitations had been issued, consisting of a card containing the following words:

"St. Barnabas Guild, with its nurses true,
Presents this Birthday greeting to you,
And sends to each a little sack;
Please either bring or send it back
With as many cents as you are years old—
We promise the number shall never be told.
We'll gladly furnish you something to eat,
And try to amuse you with many a treat.
But 'Main 559' we'll ask that you send—
Our telephone number—to doctor and friend.
The Nurses' Directory sends greetings most hearty,
And hopes you'll attend *your own Birthday Party*."

"EPIPHANY PARISH ROOM, Friday, January 25, 8 P.M."

Attached to the card was a tiny sack. Of course, the unique method met with unqualified favor and a hearty response. One noticeable feature of the returns was the maturity of age, nearly all having at least reached fifty and some one hundred years. Perhaps the mellowing influence of old age may have helped our receipts. The weather was most unfavorable during the day, snow falling from seven A.M. until four P.M., leaving the streets in a state of slush. The committee entertained grave doubts of a successful outcome, but just here was proved again that the way to make a success of anything is by united effort and the quality called "stickto-ativeness." There must be no such word as fail. Much to the delight of all, a crowd of social people, among whom were many M.D.'s, gathered, filling the room with a hum of busy, pleasant sound, for there was an eagerness shown by all to take an active part in the many treats. Mrs. Griffith, wife of Dr. M. Griffith, assisted by Miss Parker and Miss Smoot, gave a great deal of pleasure and profit with a soap-bubble table, every one being willing to try if haply they might win the tempting prize—a two-pound box of Huyler's candy. Dr. W. A. Wells was the final victor. Miss Simonton held a Rummage Sale and found the work both pleasant and remunerative. Miss Hewett and Mrs. George Evans sold sealed packages, which contained material for a hearty laugh at least, and disposed of their entire stock.

Miss Wiggins's Art Gallery proved an untiring attraction, and some lively guessing was indulged in. The fortunate prize-winner was Miss Champlain. Miss Severance's Bowl of Literary Salad seemed a pleasant feature, and furnished food for thought. Miss Jefferson, one of our district nurses, obtained the prize. One of the most appreciated parts of the evening's pleasures was the music, furnished by Mrs. W. D. West,—a soprano solo by Miss Keefer, contralto

solo by Miss De Reimer, violin solo by Rev. Caleb R. Stetson, and baritone solo by Mr. Hamilton; pianists, Miss Chambers and Miss Lathrop.

A dainty supper was served by the associate members. But the chief charm of everything was the apparent sympathy shown to the nursing profession and the good-will and harmony which dominated everywhere. To those fortunate enough to be "off duty" the event will stand as a social treat.

The expenses were small for the guild, as the contributions from friends were most liberal, so that out of one hundred and fifty dollars we shall have at least one hundred and forty-five dollars above expenses, which gives us fresh inspiration and courage to try again.

BESSIE E. SEVERANCE.

CIRCULAR VS. LONG WARDS

MISS MCGAHEY, matron of Prince Alfred Hospital, Sydney, New South Wales, has written to ask for expert opinion as to the relative merits of circular wards, as they are about to build, and the question of building circular wards has come up. We give the advices we have received so far on this point, and would be glad to hear from other hospitals having round wards:

BUFFALO GENERAL HOSPITAL.

Our wards are semicircular; we have found them agreeable in every way. In our arrangement of bath-rooms, linen-closet, diet-kitchen, etc., the work of the nurse is made very easy. We contemplate constructing three wards more of the same character when we make future extensions.

I believe these wards superior to the long wards, unless the bath-rooms and serving-rooms are so arranged as to open into the ward at the centre instead of at the end. The last bed in a ward that is ninety-five feet long is a long way from service-rooms when these are located at the end of the ward.

I am very truly yours,

RENWICK R. ROSS,

Superintendent.

With the recollection of three years' residence in a hospital having one circular pavilion, the Johns Hopkins Hospital, I think the advantages and disadvantages are about evenly balanced.

ADVANTAGES.

The ventilation is quite perfect in circular ward, and with central shaft, temperature of ward is more easily regulated.

More cosy and cheerful for the patients, who can see one another better and can as a rule attract the nurse's attention better than in a long ward.

Less running for the nurse, and much more convenient for the serving of meals, changing bed-linen, etc., than the long wards.

DISADVANTAGES.

The shaft is ugly, cuts off a part of the ward from sight, so that the nurse cannot see all of her patients at one time, nor can one always see the nurse, supposing there is but one on duty.

Inconvenient for surgical dressings, on account of comparatively narrow triangular space between beds at the foot, and quite impossible for typhoid tubs unless distance between beds is very great.

L. L. DOCK.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

DEAR MADAM: A volume neatly bound in green cloth and bearing the title "Cornell and Shober's Directory of Trained Nurses of Greater New York and Philadelphia for 1900 and 1901" has fallen under my notice, and in looking over it my attention was attracted by noticing the name and former address of a nurse who has been dead for nearly a year, and another who has been married for a longer time. On further inspection I observed so many addresses which of my own knowledge I knew to be wrong, that I made a somewhat detailed study of the book. A nurse of much prominence, not doing private duty, is entered twice, one time right and one time incorrectly. I also learned that many names were there without their owners' knowledge, and in one case, at least, against the owner's express wish.

I compared the addresses with those in a directory compiled by a graduate nurse which I always have on hand, and it was a curious coincidence, which, of course, can be nothing but a coincidence, that the addresses which are now inaccurate were the same as those in her directory of a year ago. I was also interested to notice the similarity between the obstetrical table, poisons and antidotes list, notes on prevention of disease and the propagation of contagious disease in these two books. Did I not know that the directory referred to is seven years old, I might suppose that the compiler had culled her pages directly from these. However, we remember that science is exact, and therefore two people cannot well express the same thing differently.

The list of Philadelphia nurses only goes as far as the letter I. There is, perhaps, to be a second volume issued.

The "Nurse's Directory" does not pretend to be a directory of all nurses' addresses, but only of a carefully selected list, and is published in the interests of nurses, doctors, and patients, being carefully revised twice a year.

The multiplication of nurses' registries by the laity, both on paper and in the flesh, makes us wonder whether there is anything in it, or whether all these people are simply so kind and good to us that they cannot refrain from doing things to help us. Meantime, what are we doing to help ourselves?

L. L. DOCK.

NEW YORK, February 7, 1901.

To the Editor of THE AMERICAN JOURNAL OF NURSING.

DEAR MADAM: I must write and tell you what a pleasure the JOURNAL is to me. I have read it with increasing delight for five months, and have commended it to several friends. My husband, who is an editor, looks over the JOURNAL and frequently clips articles from it. He shares my own high opinion of its merits.

With all good wishes for the continued success of THE AMERICAN JOURNAL OF NURSING, I remain,

Sincerely,

MARGARET MCKINNON ELLIS,

J. H. H., 1899.

WYNCOTE, PENNSYLVANIA, February 4, 1901.

IN the "Items" in the January number of this JOURNAL may be found an account of the graduation of a class of nurses from a training-school for colored women in New York City, with the statement that this was the first class of nurses to graduate from a like training-school in the North. Miss M. G. Roberts, of Freeport, Illinois, requests that this be corrected, as, she says, there are schools in Chicago, Philadelphia, Baltimore, and Washington for the training of colored nurses.—Ed.

THE ARMY BILL

THE Reorganization Bill of the army has passed both houses, been signed by the President, and has become a law. Section 19 stands for a great concerted effort on the part of the nurses of the country. As a copy of the bill, as finally amended and signed, has been received very late, we reserve comment until another number.—Ed.

"AN ACT to increase the efficiency of the permanent military establishment of the United States.

"SECTION 19. That the Nurse Corps (female) shall consist of one Superintendent, to be appointed by the Secretary of War, who shall be a graduate of a hospital training-school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, whose compensation shall be one thousand eight hundred dollars per annum, and of as many chief nurses, nurses, and reserve nurses as may be needed. Reserve nurses may be assigned to active duty when the emergency of the service demands, but shall receive no compensation except when on such duty: *Provided*, That all nurses in the Nurse Corps shall be appointed or removed by the Surgeon-General, with the approval of the Secretary of War; that they shall be graduates of hospital training-schools, and shall have passed a satisfactory professional, moral, mental, and physical examination: *And provided*, That the Superintendent and nurses shall receive transportation and necessary expenses when travelling under orders; that the pay and allowances of nurses, and of reserve nurses, when on active service, shall be forty dollars per month when on duty in the United States and fifty dollars per month when without the limits of the United States. They shall be entitled to quarters, subsistence, and medical attendance during illness, and they may be granted leaves of absence for thirty days, with pay, for each calendar year; and, when serving as chief nurses, their pay may be increased by authority of the Secretary of War, such increase not to exceed twenty-five dollars per month. Payments to the Nurse Corps shall be made by the Pay Department."

DEATH OF MISS GRIENER

MISS KATE A. GRIENER, who died at St. Luke's Hospital, New York, on the afternoon of February 6, was a graduate of the Training-School of the Massachusetts General Hospital in the class of 1887.

Miss Griener's home was in Buffalo, New York. She was a woman of high principle, of unusual intellectual ability, and possessed great personal charm,

winning friends easily. She was a most successful private nurse, and held for a time the position as superintendent of St. Luke's Hospital, St. Paul, Minnesota, where she did splendid work. Her health failing somewhat, she spent two years in Europe. Wishing to keep pace with every advance being made in the nursing profession, she entered the class in Hospital Economics in the fall, where she had proven herself to be an able student, and was apparently happy in the life of the college. To a host of devoted friends the news of her death comes as a great sorrow. She leaves two brothers, who reside in Buffalo.

DEATH OF MISS DOWNING

MISS ELEANOR DOWNING was graduated in June, 1900, from the Roosevelt Hospital. She was one of the brightest members of her class, and gave great promise of future success and usefulness even before leaving the hospital. That her time for fulfilling this promise was to be so short was not dreamed of, and the news of her death, which occurred in the burning of the Hotel Jefferson, was a great shock to her friends. On Friday evening, February 1, there gathered in the nurses' lecture-hall of the Roosevelt Hospital her superintendent, classmates, and friends for the funeral service, and to take a last look at the one who had so suddenly been removed from their midst.

MARRIAGE OF MISS WOOD

MISS CARY WOOD, graduate of Old Dominion Hospital, Richmond, Virginia, and head nurse at the Hill Infirmary, Montgomery, Alabama, for the last three years, was married at her home in Albemarle County on February 1 to Judge W. C. Fuller. She was an enthusiastic worker in the alumnae, and as they cannot afford to lose her, the members are hoping she will be "fuller" of enthusiasm than ever.



CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 12, 1901

BAUER, MRS. CHRISTIANA M., transferred from the First Reserve Hospital to the Santa Mesa Hospital, Manila, November 26, 1900.

Benton, Mrs. Catherine A., appointed for duty at the United States Army General Hospital, San Francisco, and reported there February 3, 1901.

Brown, Mrs. Jessie M., transferred from the First Reserve Hospital to the Santa Mesa Hospital, Manila, Philippine Islands, November 26, 1900.

Call, Sylvia, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Casey, Joanna B., assigned to duty at the First Reserve Hospital, Manila, from transport Sherman November 29, 1900.

Cleland, May, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Duckworth, Lottie B., arrived in Manila on the transport Sheridan December 16, and was assigned to duty at the Santa Mesa Hospital.

Durkee, Lulu B., was taken ill at Vigan, Philippine Islands, in November, and on account of the superior facilities in Manila was transferred to First Reserve Hospital for treatment.

Hasemeyer, Augusta D., transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands.

Hearn, Mrs. Mary, Hamilton Barracks, Matanzas, Cuba, has had her contract annulled.

Holmes, May Rose, transferred from Cabana Barracks to duty at Columbia Barracks, Havana, Cuba, January 26.

Jones, Helena Emily, sailed from San Francisco February 1 on transport Lawton on return journey to Manila, Philippine Islands, in charge of party.

King, Ella Blanche, reported at the United States Army General Hospital, San Francisco, January 7, from transport duty en route from Manila, and is under orders to return to the Philippines.

Kolp, Marie A., left Military Hospital, Dagupan, Philippine Islands, December 27, 1900, for transport duty on the Warren, and arrived in San Francisco February 2 en route to her home.

Laughlin, Mary C., on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, January 7, and sailed February 1 on the transport Lawton en route to Manila, Philippine Islands.

Lippert, Ida Dora, transferred from the First Reserve Hospital, Manila, to the Military Hospital, Dagupan, Philippine Islands, December 17, 1900.

McCarthy, Theresa E., on transport duty from the Philippines, reported at San Francisco en route to her home. Contract annulled January 31.

McCurdy, Frances, assigned to the Santa Mesa Hospital, Manila, Philippine Islands, from transport duty December 4, 1900.

Rist, Ella, reported from transport duty at Manila and was assigned to the Second Reserve Hospital December 17, 1900.

Salter, Mrs. Marguerete, chief nurse at Fort Bayard, New Mexico, transferred to duty as nurse in Manila, Philippine Islands.

Sigsbee, Harriet E., left the Santa Mesa Hospital, Manila, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Smithwick, Georgie, left the First Reserve Hospital, Manila, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Tullis, Victoria A., left Military Hospital, Dagupan, Philippine Islands, for duty on the transport Warren and arrived in San Francisco February 2 en route to her home.

Weinberg, Else, lately assigned to duty at the United States Army General Hospital, has had her contract annulled.



THE EDITOR

What is Civilization? I answer, the power of good women.—EMERSON.

QUEEN VICTORIA during her reign of sixty-four years gave to the world a wonderful demonstration of the truth of Emerson's idea of civilization. It was the influence of the good woman that made her reign powerful. Kindliness, sincerity, constancy, and truth governed every action of her life, whether as ruler, wife, or mother, and it was those simple womanly attributes that so endeared her to the English people and commanded the veneration of the civilized world.

IN his message to the Legislature of New York Governor Odell made the recommendation that a single salaried officer should be appointed to perform the work now in the hands of the State Board of Charities.

A meeting of representatives of the charitable societies and institutions of New York City was held in the Assembly Hall of the United Charities Building, on January 23, 1901, to consider this proposed reorganization. There were present at this meeting representatives of every important charitable organization in the city of New York, men and women whose names stand for earnest, conscientious work, and whose interest in the charities of the State is entirely non-partisan.

Mr. R. Fulton Cutting, president of the Association for Improving the Condition of the Poor, presided. Among the speakers were Professor George F. Canfield, president of the State Charities Aid Association; Professor Felix Adler, Mrs. Charles Russell Lowell, Rev. D. J. McMahon, D.D., supervisor of Catholic Charities of New York; Dr. Lee K. Frankel, manager of the United Hebrew Charities; Mr. William C. Kellogg, president of the Brooklyn Children's Aid Society, and Mr. Nathan Bijur, of the United Hebrew Charities.

The sentiment was unanimous that a single Commissioner of Charities, as proposed by the Governor, could not satisfactorily perform the duties of the present board of twelve members. This proposed change has been most emphatically denounced by the clergy and by the press, and the voice of the people would seem to be against it.

There is a side to this question which is of special interest to the

nurses of New York State, independently of their interest as citizens in the good management of its charities. The proposed change means practically that all the charitable institutions, which includes hospitals, will be put under political control. Such control would endanger the best interests of the hospitals, and whatever affects the welfare of the hospital has a direct influence upon the welfare of the nurse.

We most emphatically indorse every protest which has been made in disapproval of this proposed reorganization.

MISS NUTTING's very able article on "Preliminary Training," which closes a series of three papers on this subject in the Educational Department, shows very conclusively the defects in the present system of training and the advantages of preliminary instruction, as has been demonstrated in the Glasgow Infirmary and London Hospital, but she has not suggested any practical manner in which such a plan can be worked out in the hospitals of the United States. We doubt if the managers of many of our leading hospitals would be willing to meet the full expense necessary for such preliminary training, and we have not yet reached the point in this country where women expect to give a money compensation in addition to the hard manual labor which is involved in gaining hospital experience. We believe that the plan suggested in this department of the October number of the *JOURNAL* might be made successful in any one of our large nursing centres, either New York, Boston, or Chicago. A number of Training-School Boards, assisted, perhaps, by a few liberally inclined people interested in nursing, might unite in establishing a preparatory school entirely outside of the hospitals, charging the pupils a moderate fee which would, at least in a measure, defray the cost of maintenance. Pupils could be prepared from this central school for any number of hospitals which would agree upon a uniform standard of admission. There has been some consideration of a school of this kind in Boston, but we have not heard that it is yet taking form. When we shall have reached some such plan of training, which will give a uniform standard of admission, and shall have gained State registration, we shall have made great progress in nursing standards.

Miss Dolliver, at the Massachusetts General Hospital, is working on quite original lines in the training of probationers, although she makes no claim to a preliminary course. We hope to give her plan in another number.

DURING the week that the *JOURNAL* went to press for the February number our own city was visited by a most heart-breaking calamity, the burning of the Rochester Orphan Asylum. This misfortune was brought

very close to us, as one of our own workingwomen lost a child in the fire, and as many of the children who escaped uninjured were brought to us for shelter, while we shared with the other hospitals of the city in the care of the comparatively small number of those who were burned or otherwise injured.

The agony of mind of the friends who were searching for their children, not knowing whether they were alive or dead, was something never to be forgotten.

Of the thirty lives that were lost, it was proven that only a very few of the number were actually burned by the fire, the others having been overcome by the smoke, which was carried rapidly through the building by means of the ventilating shafts. The details of this accident were so generally circulated through the press that it is not necessary to dwell upon them here. Such accidents come as a terrible warning to the officers of institutions, who are responsible for the lives of helpless people. It is the duty of the Board of Managers or proprietors of the building to see that the proper means of fire protection and escape is provided. It is the duty of the officer in charge to know that systematic and conscientious supervision against fire is maintained day and night, and that the working force is properly instructed in what to do in case of fire.

In our own hospital a fire lecture is given to each class of nurses, at which all of the employees are present, and the subject is gone over carefully with special reference to the arrangement of this hospital, with the possible chance of having to carry out helpless patients. Means of egress from the different sections of the building are dwelt upon, and the lecture ends with a demonstration in which the nurses are taught how to lift and carry helpless people, with special instruction in the treatment of those overcome by smoke. We are promised this lecture, with illustrations, for a later number of the *JOURNAL*, and we would like to ask those superintendents who have a regular fire drill established in their hospitals to send us copies of their printed regulations.

THE announcement is made in another column that the committee having the New York State meeting in charge expect to call the general meeting in March. We hope for two reasons the committee will postpone their plans at least a month. The winter has been so unusually severe for nurses that we doubt if many could arrange to be present at that time, and we think, having delayed the matter so long, there should be ample time allowed to announce the plan and programme in *all* of the nursing journals.

This meeting of the New York State nurses to organize a State

association having for its motive registration will mark an era in nursing history. The step should be taken carefully, deliberately, and with dignity, realizing that the entire nursing world is watching every movement. A strong, harmonious organization of the nurses of New York State means progress the world over.

WITH the March number, THE AMERICAN JOURNAL OF NURSING celebrates its first semi-annual birthday. To be half a year old, to have been declared a success professionally, to be paying our way financially, and to have made such a host of friends, we consider to be an occasion for congratulation. Still, we ask for the continued coöperation of the alumnae members in increasing the circulation of the JOURNAL and in sending contributions to its pages. [It is generally understood that the entire editorial staff give their services gratuitously this first year, and only those engaged in it can appreciate the work the enterprise involves. It is not to be expected that these few women will be able to give their time and labor indefinitely for purely professional motives, and before the end of the year our subscription list must at least be doubled, that we may enter upon the second year with an income that will place the magazine upon a firm business basis.

We do not claim perfection for the JOURNAL, but the development of such an enterprise must necessarily be slow. The "New Drugs" department comes into line with the present number, in charge of an able man, who is a physician, and has also been a practical druggist. The "Food" department will be organized before the year closes, and that of "Book Reviews" more perfectly arranged. It is our aim to make the advertising sheets reliable reference pages.

Miss Hibbard's very interesting articles, "With the Maine to South Africa," will continue through several numbers. The series of papers (beginning with the present number) on "The Feeding of Children" will be of especial interest, as the subject will be considered with reference to the school age.

The papers on "Contagion and Disinfection" will appear at an early date, and promise to be most interesting and valuable. This subject will be considered from the stand-point of the city, town, school, hospital, home, and prison.

To all who have given material assistance, and to those who have sent kind words of encouragement and cheer, the editors make their grateful acknowledgments.

